Bound
Periodical 446970

Kansas City
Public Library

THE SCHOOL DISTRICT OF KANSAS CITY, MISSOURI

This Volume is for

REFERENCE USE ONLY

10-24—6m—P

PUBLIC LIBRARY
KANSAS CITY
MO

PUBLIC LIBRARY
KANSAS CITY

MENTAL HYGIENE

VOLUME VIII

1924

PUBLISHED BY
THE NATIONAL COMMITTEE FOR MENTAL HYGIENE, INC.
370 SEVENTH AVENUE, NEW YORK CITY
1924

The National Committee for Mental Hygiene

FOUNDED 1909 INCORPORATED 1916
370 SEVENTH AVENUE, NEW YORK CITY

President
DR. WILLIAM H. WELCH

Vice-Presidents
CHARLES W. ELIOT
DR. BERNARD SACHS

Treasurer
FREDERIC W. ALLEN

Executive Committee
DR. ARTHUR H. RUGGLES, Chairman
DR. WILLIAM A. WHITE
DR. CHARLES P. EMERSON
DR. WALTER E. FERNALD
MATTHEW C. FLEMING
STEPHEN P. DUGGAN
DR. C. FLOYD HAVILAND

Finance Committee
FREDERIC W. ALLEN, Chairman

Advisory Committee on Mental Deficiency
DR. WALTER E. FERNALD, Chairman

Advisory Committee on Education
DR. C. MACFIE CAMPBELL, Chairman

Advisory Committee on Hospital Service
DR. FREDERICK W. PARSONS, Chairman

Advisory Committee on Statistics
HORATIO M. POLLOCK, Chairman

Executive Officers
DR. FRANKWOOD E. WILLIAMS, Medical Director
DR. CLARENCE J. D'ALTON, Acting Director, Division on Prevention of Delinquency
DR. THOMAS H. HAINES, Director, Division on Mental Deficiency
EDITH M. FURBUSH, Director, Department of Information and Statistics
DR. CLARENCE J. D'ALTON, Executive Assistant
CLIFFORD W. BEERS, Secretary
PAUL O. KOMORA, Educational Assistant
MARGARET H. WAGENHALS, Editorial Assistant
KATHLEEN ORMSBY, Educational Assistant

GENERAL PURPOSES

The National Committee for Mental Hygiene and its affiliated state societies and committees are organized to work for the conservation of mental health; to help prevent nervous and mental disorders and mental defect; to help raise the standards of care and treatment for those suffering from any of these disorders or mental defect; to secure and disseminate reliable information on these subjects and also on mental factors involved in problems related to industry, education, delinquency, dependency, and the like; to aid ex-service men disabled in the war; to coöperate with federal, state, and local agencies and with officials and with public and private agencies whose work is in any way related to that of a society or committee for mental hygiene. Though methods vary, these organizations seek to accomplish their purposes by means of education, encouraging psychiatric social service, conducting surveys, promoting legislation, and through coöperation with the many agencies whose work touches at one point or another the field of mental hygiene.

When one considers the large groups of people who may be benefited by organized work in mental hygiene, the importance of the movement at once becomes apparent. Such work is not only for the mentally disordered and those suffering from mental defect, but for all those who, through mental causes, are unable so to adjust themselves to their environment as to live happy and efficient lives.

Bound
Periodical 446970 MAR 27 1925

QUARTERLY MAGAZINE

OF

THE NATIONAL COMMITTEE FOR MENTAL HYGIENE, INC.
370 SEVENTH AVENUE, NEW YORK CITY

FRANKWOOD E. WILLIAMS, M.D., *Editor*

EDITORIAL BOARD

C. MACFIE CAMPBELL, M.D.
Director, Boston Psychopathic Hospital

WALTER E. FERNALD, M.D.
Superintendent, Massachusetts School for Feebleminded

STEWART PATON, M.D.
Lecturer in Neuro-biology, Princeton University

THOMAS W. SALMON, M.D.
Professor of Psychiatry, College of Physicians and Surgeons, Columbia University

MENTAL HYGIENE will aim to bring dependable information to everyone whose interest or whose work brings him into contact with mental problems. Writers of authority will present original communications and reviews of important books; noteworthy articles in periodicals out of convenient reach of the general public will be republished; reports of surveys, special investigations, and new methods of prevention or treatment in the broad field of mental hygiene and psychopathology will be presented and discussed in as non-technical a way as possible. It is our aim to make MENTAL HYGIENE indispensable to all thoughtful readers. Physicians, lawyers, educators, clergymen, public officials, and students of social problems will find the magazine of especial interest.

The National Committee for Mental Hygiene does not necessarily endorse or assume responsibility for opinions expressed or statements made. Articles presented are printed upon the authority of their writers. The reviewing of a book does not imply its recommendation by The National Committee for Mental Hygiene. Though all articles in this magazine are copyrighted, others may quote from them freely provided appropriate credit be given to MENTAL HYGIENE.

Subscription: Three dollars a year. Correspondence should be addressed and checks made payable to "Mental Hygiene," or to The National Committee for Mental Hygiene, Inc., 370 Seventh Avenue, New York City.

Copyright, 1924, by The National Committee for Mental Hygiene, Inc.

MENTAL HYGIENE

ORIGINAL CONTRIBUTIONS

JANUARY

PAGE

State Legislation Providing for the Mental Examination of Persons Accused of Crime, by S. Sheldon Glueck........................ 1– 19

The Development Battalion, by Eleanor Rowland Wembridge......... 20– 25

The Problem Child, by Phyllis Blanchard, Ph.D., and Richard H. Paynter, Jr., Ph.D. 26– 54

The Growth of Psychotherapy and the Evolution of Psychoanalysis, by Albert Polon, M.D... 55– 68

13.77 Versus 12.05; a Study in Probable Error; a Critical Discussion of Brigham's "American Intelligence", by Maurice B. Hexter and Abraham Myerson, M.D... 69– 82

The Mental-Health Survey, by Cornelia D. Hopkins.................. 83– 93

History, Purpose, and Policy of the National Research Council's Committee for Research on Sex Problems, by Earl F. Zinn............ 94–105

Man's Life; a Poem, by George Crabbe............................ 105

Children in the Mental-Hygiene Clinic of St. Elizabeths Hospital, by Winifred Richmond... 106–114

Problems of the Quasi-Delinquent in the School, by Dorothy Wallace.. 115–165

APRIL

Traumatic Neurasthenia, by E. Farquhar Buzzard, M.D., F.R.C.P...... 425–437

The Need for Scientific Study of Delinquent and Problem Children and Provision for an Adequate Mental-Hygiene Program in the Schools, by Clinton P. McCord, M.D...................................... 438–452

Socio-Psychiatric Delinquency Studies from the Psychopathic Clinic of the Recorder's Court, Detroit, by Theophile Raphael, M.D., Arnold L. Jacoby, M.D., Ward W. Harryman, M.D., and Mary M. Raphael 453–465

The Significance of Interest for Vocational Prognosis, by Douglas Fryer, Ph.D. 466–505

Mental and Moral Problems of the Woman Probationer, by Nellie L. Perkins 506–521

Methods Employed in an Experiment in Advising a General Social Casework Agency on Psychiatric Social Problems, by Helen L. Myrick.. 522–529

The Care of Defective Delinquents at Bridgewater, Massachusetts, by Sanford Bates 530–534

The Placement and Supervision of Mental Defectives in the Community, by Alice Raymond 535–547

Prohibition and Alcoholic Mental Disease, by Horatio M. Pollock, Ph.D., and Edith M. Furbush... 548–570

ORIGINAL CONTRIBUTIONS

JULY

Constructive Possibilities of a Mental Hygiene of Childhood, by Bernard Glueck, M.D. 649–667

A Study of Certain Auto-Erotic Practices, Based on the Replies of 2,255 Women to Questionnaires Prepared by the Bureau of Social Hygiene with the Advice of a Coöperative Committee, by Katharine Bement Davis, Ph.D. 668–723

A Clinic in Spite of Itself, by Catherine E. Conway 724–731

A Plea for Greater Frankness in Dealing with Those Who Are Mentally Sick, by Ransom H. Sartwell, M.D. 732–736

The Backbone of an Occupational Building for Men Mental and Nervous Patients, by Louis J. Haas 737–752

Classification for Instruction of Mentally Deficient and Retarded Children, by J. E. Wallace Wallin, Ph.D. 753–768

What is Parole? by Edith N. Burleigh 769–777

After-Care Work with Mental Patients from the Point of View of a Psychiatric Social Worker, by Ruth A. Gegenheimer 778–805

OCTOBER

Psychiatric Treatment and Probation, by Bernard Glueck, M.D. 873–892

Special Training Facilities for Mentally Handicapped Children in the Public Day Schools of the United States, 1922–23, by Thomas H. Haines, M.D. 893–911

Dispensary Contracts with Delinquent Trends in Children: Group 1—Forty-Eight Cases of Stealing, by Esther Loring Richards, M.D. 912–947

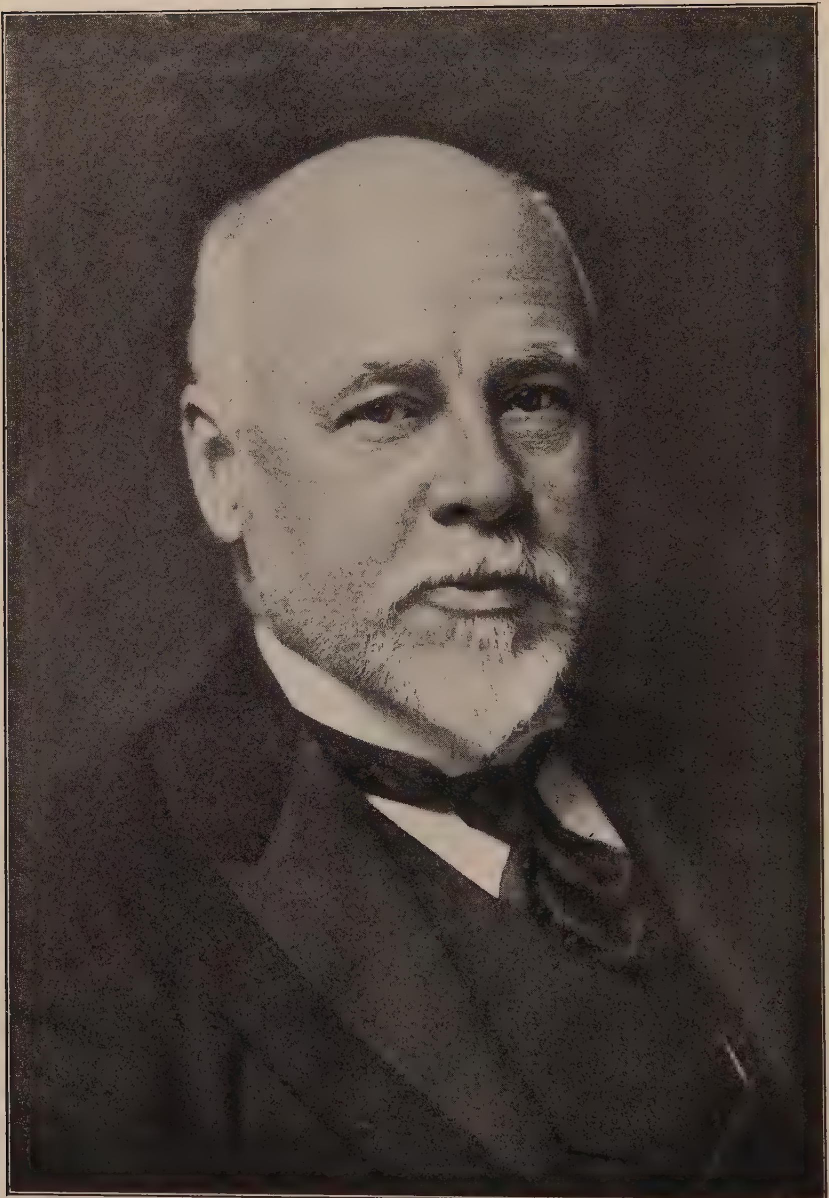
Mitigation of Punishment and Evidence of Mental Unsoundness, by S. Sheldon Glueck, Ph.D. 948–956

The Place of Psychiatric Work in a Family Case-Work Organization, by Frances Taussig 957–963

Feeblemindedness, by Walter E. Fernald, M.D. 964–971

Educational Work at St. Elizabeths Hospital, by Shepherd Ivory Franz, M.D. 972–976

The Problem of Social Adjustment Following Epidemic Encephalitis in Children, by Blanche E. Cole 977–1023



Dr. WILLIAM H. WELCH
PRESIDENT
The National Committee for Mental Hygiene

MENTAL HYGIENE

VOL. VIII JANUARY, 1924 No. 1

STATE LEGISLATION PROVIDING FOR THE MENTAL EXAMINATION OF PERSONS ACCUSED OF CRIME*

S. SHELDON GLUECK, LL.M.

Member of the Bar of the State of New York; Graduate Student in Criminology, Department of Social Ethics, Harvard University

THE perennial conflict between members of the legal and the medical professions on the question of the relation of mental abnormality to criminal responsibility is a matter of common knowledge. Every sensational trial brings it again to the fore, and in almost every book of an exclusively legal or medical character we find spirited attacks against the views held by the opposing camp. But in spite of this continuous disagreement on questions of theory, we also find increasing evidence that the differences between the two professions are more and more giving way before a spirit of whole-hearted coöperation.

This conscious attempt at coöperation is especially manifest in recent Massachusetts legislation which provides for the routine mental examination of certain classes of persons accused of crime. Before considering the Massachusetts act, however, we will briefly review the legislative provisions in other states, so that we may have some basis of comparison.

Medico-legal questions of insanity and criminal responsibility may be divided roughly into two great classes: first, those that have to do with legal "tests" of criminal responsibility and the value of such tests from the point of view of modern psychiatric science—that is, questions involving insanity at the time of the alleged criminal act; and, second, questions that have to do with insanity *after* the offense was committed—that is, either before or during trial. Questions of the first type have so often been discussed that their important features are fairly familiar. But the second type of problem is one not so generally discussed. It is, moreover, daily becoming the more important one of the two, for judges and district attorneys are beginning to agree with psychiatrists that it is more efficient, economical, and humane to sort out, *before trial,* those accused persons who are mentally abnormal than to subject such persons to the ordeal of a trial only to be compelled to transfer them, early in their prison service, to some hospital for the mentally ill. The second question has also been the subject of much more specific legislative action in America than has the first. For these reasons we will confine ourselves at this time to a survey of the legislation on the second problem—namely, that which has to do with insanity in a defendant after the time when he was supposed to have committed the alleged offense; more particularly, insanity *before trial.*

---

* Address delivered at the semi-annual meeting of the Massachusetts Hospital Trustees Association, held at Taunton State Hospital, October 25, 1923.

In early English law, it was provided, in the language of Blackstone, that "if a man in his sound memory commits a capital offense and before arraignment for it he becomes mad, he ought not to be arraigned for it, because he is not able to plead to it with that advice and caution that he ought. And if, after he has pleaded, the prisoner becomes mad, he shall not be tried—for how can he make his defense?"

The law in American states to-day is not essentially different from the old English law, except in one or two respects. In most states, for example, some definite procedural machinery is set in motion in case of the alleged insanity of a defendant before or during trial; and in some jurisdictions the demonstration of probable insanity that must be made on the defendant's behalf before the trial court will set such investigatory machinery in motion is also definitely prescribed by statute. At common law the question of insanity at trial was usually settled by a jury, but occasionally personal inspection, by the judge, of a defendant whose counsel claimed such defendant to be insane at or before the trial, took the place of a special jury trial of that question. Again, at common law an individual found to be totally insane by one of these methods was kept in prison until he could be tried; to-day, he is usually, though not in all jurisdictions, confined in a hospital for mental diseases.

Taking up now the procedure that follows upon allegation of the accused's insanity at the time when he is under indictment and awaiting trial, we find that many states have no special legislation governing this point; in such states the common-law rules are in force. In the states that do specifically provide for such cases, the laws can profitably be considered from two points of view: first, how and by whom the existence of the alleged insanity of a prisoner before trial is brought to the attention of the court; secondly, the procedure that is then followed.

In some six or eight states, of which New York,[1] is an example, the law provides for appropriate investigatory procedure if "it shall appear" that the accused awaiting trial is insane; but such legislation does not usually specify to whom and in what manner the accused shall appear to be insane before an examination of his mental condition can be inaugurated. Rhode Island is more specific, providing for appropriate investigation on petition of the agent of the state charities and corrections or of an officer who has custody of the defendant.[2] In Connecticut the fact of the defendant's insanity must be brought to the attention of the court by the sheriff of the county jail.[3] In Pennsylvania the jail physician or some executive officer of the institution in which the accused is confined awaiting trial may initiate proceedings for the mental examination of the defendant by filing with the court an application for commitment, prescribed by the department of public welfare.[4]

In three states, of which Vermont[5] is an example, proceedings for the observation of the defendant in the state hospital are initiated only if a technical plea of insanity is made or if the court believes that it will be made. Indiana broadly provides for the proper procedure if the judge, either of his own knowledge or upon the suggestion of *any person,* has "reasonable grounds for believing" that the accused is insane.[1] In Wisconsin, if the court is informed "in any manner" that the accused awaiting trial "probably is" insane or feebleminded, the court must grant an inquisition to examine him.[2]

---

[1] Gilbert's Criminal Code (1921), sec. 836.

[2] Public Laws (1909-1910), Chap. 642, sec. 35.

[3] General Stats. (Rev. of 1918), sec. 6584.

[4] Act of the General Assembly No. 414 (1923), Art. III, sec. 308.

[5] General Laws (1917), sec. 2602.

All these provisions are open to the objection that *initiation of proceedings* is left to persons untrained in psychiatry;[3] in other words, it is largely a matter of chance whether or not the defendant is given a mental examination before, or during, trial unless his symptoms are strikingly suggestive of the "raving maniac" or the "driveling idiot". The commonwealth of Massachusetts has a unique measure that constitutes the most radical step yet taken to provide for the mental examination of accused persons awaiting trial. It is the first piece of legislation that makes the mental examination of those indicted for certain classes of crimes a *routine matter,* not dependent upon the alertness, desire, or caprice of those in charge of the accused. Theoretically, at least, *all persons* who fall within one of the three categories mentioned by the law *must* be mentally examined before trial, whether or not they exhibit symptoms of mental abnormality recognizable by the non-expert in mental diseases, whether such non-expert be a police officer, the jail warden, the counsel for the defense, the prosecuting attorney, or the judge. We will return to a consideration of this act a little later.

Surveying state legislation on this subject from the second point of view—that is, considering the types of machinery that are set in motion when once the mental status of the accused is brought to the attention of the court before trial—we again find several distinct differences between the various states. Some have no definite procedure, and in such cases it is left to the discretion of the court to decide how it will answer the question of supposed mental abnormality. In a small group of states, including New Jersey[1] and Rhode Island,[2] it is provided that the judge, taking such evidence as he may desire, shall conduct an inquiry into the mental condition of the accused, who, if found insane, is committed for an indefinite period to a state hospital.

---

[1] Burn's Ann. Stats. (1914), Vol. 1, sec. 2071-d.

[2] Wis. Stats. (1921), Vol. II, sec. 4700.

[3] It is doubtful whether even the average jail physician, without experience in psychiatry, is qualified to pass on this question.

In a number of states, of which New York[3] and Alabama[4] are typical, it is within the discretion of the judge whether or not he shall call a jury to try the issue.

A group of states, of which Ohio[5] is an example, provide specifically for a jury trial to pass upon the alleged insanity of an accused person who is in confinement under indictment, the hearing being in the nature of an elaborate technical trial, exactly as if the main issue, the guilt or innocence of the defendant, were being tried.

In Kansas[6] the inquiry may be by the court, a commission, or a special jury; and in Maine,[7] New Hampshire,[8] and Vermont,[9] if the court believes that a plea of insanity will be filed, it may send the accused to the state hospital for observation. Pennsylvania provides for an inquiry either by two "qualified physicians", or by a commission composed of two physicians and a lawyer.

Obviously, a jury is unfit to settle a medical question; further, such procedure duplicates a jury trial, since if the defendant is found by the first jury to be sane at the time of such trial, he is tried again, either by the same jury or another, on the main issue of guilt or innocence. Where experts are appointed by the court, it is doubtful whether they have the proper psychiatric training and experience unless their qualifications are specifically defined by statute. Besides, all the methods of appointing experts and of conducting technical hearings before the court smack too much of a trial on the main issue of guilt or innocence; and the principal object—that of *sorting out those defendants on whom the expense and time of a trial would be wasted, and whom it is inhumane to try*—would thus seem largely to be defeated.

---

[1] Laws of N. J. (1918), Chap. 147, sec. 437. The New Jersey law applies also to those persons who appear to be "*epileptic*, imbecile, or feebleminded".

[2] Public Laws (1909-1910), Chap. 642, sec. 36.

[3] Gilbert's Crim. Code (1921), sec. 836.

[4] Crim. Code (1907), sec. 7180.

[5] Ohio Gen. Code (Throckmorton) (1921), secs. 13614 and 13577.

[6] Gen. Stats. (1915), sec. 10043.

[7] Rev. Stats. (1916), Chap. 139, sec. 1.

[8] Laws of 1911, Chap. 13, sec. 1.

[9] Gen. Laws (1917), sec. 2602.

Returning now to the Massachusetts law, we see that it is easily the most far-sighted piece of legislation yet passed on this subject. Much credit is due to Dr. L. Vernon Briggs, whose tireless efforts were largely instrumental in having the law enacted, and who, in addition, is keeping an eye on its practical operation, unlike many reformers who are responsible for much legislation on the statute books, but who, once such legislation has been enacted, sit back complacently and expect the laws to enforce themselves. The original Massachusetts law went into effect in September, 1921.[1] Since then it has been slightly amended. The original act was as follows:

> "Whenever a person is indicted by a grand jury for a capital offense or whenever a person, who is known to have been indicted for any other offense more than once or to have been previously convicted of a felony, is indicted by a grand jury or bound over for trial in the superior court, the clerk of the court in which the indictment is returned, or the clerk of the district court or the trial justice, as the case may be, shall give notice to the department of mental diseases, and the department shall cause such person to be examined with a view to determine his mental condition and the existence of any mental disease or defect which would affect his criminal responsibility. The department shall file a report of its investigation with the clerk of the court in which the trial is to be held, and the report shall be accessible to the court, the district attorney, and to the attorney for the accused, and shall be admissible as evidence of the mental condition of the accused."

Notice, in the first place, that this act eliminates the bad features present in all other state legislation on the subject; that is, as has already been pointed out, it makes a *routine procedure* of the examination of the classes of offenders mentioned. Further, the examinations are made by a *neutral, unbiased agency* and by experts trained and experienced in mental medicine; and the examinations are made before trial and before it is decided whether or not to resort to the defense of insanity. Moreover, the examination is not a technicality-ridden procedure, before a judge and in the presence of the district attorney or before a judge and jury, such as, in other jurisdictions, really amounts to a special trial preceding the trial on the issue of guilt.

---

[1] General Laws, Chap. 123, sec. 100A.

That the provision for such routine mental examination ought to result in the accumulation of valuable scientific data on the subject of the mental make-up of the recidivist is apparent. But more immediate good results are to be expected from such a law. In the first place, the mentally unsound can be spared the ordeal of a trial. In the second, the state and its officers will be saved the vast expenditure of time, effort, and money that would be involved in the prosecution of those who ought not to be tried, in cases where the findings of the unbiased experts, appointed by a neutral agency before trial, are accepted by the defendant's counsel, the district attorney, and the court as a working basis for the disposition of the case without trial. Further, the reports of the experts, impressing upon district attorneys and judges that in cases of mental defectiveness, constitutional psychopathic inferiority, and the like, defendants are at the most only partially responsible for their conduct, regardless of their legal responsibility, will serve to educate these public officials; and we may hope, as a result, for a more humane and sensible disposition of the vexing border-line cases of the "semi-responsible"[1] than is now characteristic of most jurisdictions. Indeed, the opportunity of the examiners to educate judges and district attorneys in the psychiatric point of view, by means of complete, clearly and forcefully presented reports, cannot be overemphasized. Unfortunately, an examination of the reports already filed indicates that not all examiners have been making such detailed and well-rounded reports as they might, or as would impress a court; but one can hardly criticize on this score an expert who has been devoting much of his time without compensation to the public-spirited duty of examining persons accused of crime. One of the provisions in the amendment to the law, recently passed,[2] is for the payment of the nominal sum of four dollars per examination. This is hardly better than no payment at all. When no compensation was forthcoming, the experts appointed by the state voluntarily performed what they considered to be their public duty; it is difficult to blame them now if some of them are more insulted than delighted with the four-dollar fee for an examination that means so much in the way of responsibility and that may require three or four visits and interviews several hours long. It is clear that the efficiency of the law, so far as requiring better reports is concerned, would be enhanced if the experts were compensated to a degree commensurate with their skill and the importance of their work. This, then, is the Massachusetts law as it appears in the books. Let us briefly glance at the "*law in action*".[1]

---

[1] See *The Semi-insane and the Semi-responsible*, by Joseph Grasset, translated by S. E. Jelliffe. New York: Funk and Wagnalls Company, 1907.

[2] Acts and Resolves (1923), Chap. 331, 25.

In a paper read by him at the Detroit meeting of the American Psychiatric Association, Dr. Douglas A. Thom (who, by the way, has devoted more thought and time to the efficient enforcement of the law than perhaps any other individual, with the possible exception of Doctor Briggs, the father of the law) discussed the operation of the Massachusetts law in eighty-eight cases which had been examined when he prepared his paper. Since then, through the coöperation of the officials of the department of mental diseases and of the Massachusetts courts, I have made a study of the cases examined to date, with the following results:

The number of cases reported for examination to date and not still pending is one hundred and forty-two. Of these, twenty-nine were *not examined* for the following reasons: thirteen were out on bail and could not be found when the examiners called; one case had been nol-prossed before examination; in one the indictment had been quashed; and in three the court had imposed sentence before examination by the experts. Eleven were reported for mental examination, but as they did not come within the provisions of the law, they could not be examined. Of these eleven, four did not fall under the law because they were indicted for *manslaughter* and were therefore not in the class of "capital offenders", and seven, because their previous records, so far as could be ascertained, involved only misdemeanors. Of the classes of cases to which these eleven belong, more will be said later. On examining the history of one (selected at random) of those not mentally examined because they were out on bail and could not be found, the following criminal record was disclosed:

---

[1] One of the most important of the notable contributions to jurisprudence and to the work of the socialization of the law made by Dean Pound of Harvard Law School is his emphasis on the importance of studying the practical working of laws. This view has resulted in such fruitful preliminary work in law reform as the Cleveland Survey of Criminal Justice. See Dean Pound's oft-quoted "Law in Books and Law in Action", *American Law Review*, Vol. 44, pp. 12-36, January-February, 1910.

	Offense	*Date*	*Sentence*
1.	Attempted larceny and assault and battery	1905	Case filed.
2.	Breaking and entering	1911	Probation granted.
3.	Larceny	July, 1911	Five years. Released after 13 months.
4.	Burglary	Dec., 1913	Six months to 15 years. Released after 17 months.
5.	Robbery	June, 1916	Four years. Released after 16 months.
6.	Grand larceny	April, 1920	Six months. Given 3 months more for attempt to escape.
7.	Grand larceny	March, 1922	Not mentally examined because out on bail.

This record is probably incomplete, as it represents only those offenses to be found in the Massachusetts files; it shows clearly the utter ineffectiveness of the usual penal treatment in such cases. Yet, as stated, this man could not be examined under the law because he had been released on bail and could not be found. It is to be hoped that when the Massachusetts law for the routine examination of such offenders has begun to function more effectively, judges will see to it that such offenders are examined.

Of the one hundred and thirteen *examined* by the experts, seventy-one had been indicted for a capital offense and five for second-degree murder or manslaughter, these five having been examined before it became established that the law did not strictly apply to them. Eight of those examined were indicted for sex offenses, twenty-seven for offenses against property (such as robbery, larceny, burglary, and the like), and two for dangerous assault with intent to rob or kill.

Surveying now the reports on mental examination of these one hundred and thirteen accused persons, we find that there was reported insanity, psychopathic personality, mental deficiency, or defective delinquency in thirty-eight of these cases, leaving seventy-five in whom no noticeable evidences of mental deviation from the ''normal'' were found. Eight of the thirty-eight were considered insane on the first examination, and upon such finding were immediately committed by the courts either to the Bridgewater State Hospital for the Criminal Insane or to some other state hospital. Two cases, reported as not insane, tried, convicted, and sentenced to life imprisonment, developed symptoms of mental disease soon thereafter in prison, and were transferred to the hospital for the criminal insane. These cases strikingly illustrate the truth of the opinion expressed by Professor Bishop in his *Criminal Law,* to the effect that the memorials of our criminal law are full of cases of insane and irresponsible persons who have been unjustly executed. In the two cases that I have mentioned, if life imprisonment had not been imposed instead of the death penalty, the convicted would have been unjustly executed. Even mental examination before trial and by unbiased, experienced experts failed to disclose in these cases the presence of mental disease; how much more truth must there be, then, in Professor Bishop's remark when one takes into consideration the fact that in many cases in other jurisdictions, which do not provide for the *routine* examination of serious offenders, the question of mental abnormality may not even be brought up! As it is, these individuals were unnecessarily subjected to the ordeal of a trial, and the state was put to an unnecessary expenditure of time and money. That expert examination failed to disclose mental disease is indicative of the need of a longer period of observation and more intensive examination of some cases.

It should be said here that an inspection of the reports of the examinations made discloses the fact that in the large majority of cases the accused were subjected to a remarkably thorough examination, two or three visits not being at all uncommon in cases about which there was any doubt. When one remembers that most of the cases were examined free of charge and that many examinations were made by busy psychiatrists, such a statement is particularly significant. Inspection of the records also discloses the fact that the department of mental diseases has, wherever any doubt as to the significance of a report has arisen, either written to the experts for more explicit information or asked them to call for an interview about the case. Of course it would require a much larger staff than that now at the disposal of the department to verify minutely every report filed; nor is such a procedure necessary in the large majority of cases.

One of the one hundred and thirteen cases examined was reported not insane, but *at the trial* developed symptoms that necessitated a reëxamination and his commitment to a state hospital. The diagnosis in the eleven cases thus pronounced insane has in each instance been verified by subsequent observation in the hospitals to which they were committed.

In three cases, after a thorough examination, the experts appointed by the department were still in doubt and recommended a period of observation in a hospital. The reports were not available at the time this paper was written.

Seventeen cases were diagnosed by the experts as *mental deficients* or *defective delinquents.* The latter designation is, however, rather a legal than a medical term, the defective-delinquent law[1] providing for the commitment, for an indeterminate period, to the department for defective delinquents, of offenders with mental defect who prove too troublesome a problem to handle in the ordinary penal institution, school for feebleminded, or hospital for the insane. An offender is thus not really a defective delinquent under the law until committed as such to the special department. Three of those believed mentally defective were wisely committed by the courts as defective delinquents. In several other cases, however, where the experts declared such persons to be, in their opinion, defective delinquents, the court did not commit them for indeterminate periods under the defective-delinquent law, but treated them in the ordinary way. Thus one of them received but six months in the house of correction. One of them, indicted for a capital offense, received a life sentence, while another, who committed homicide, received a sentence of but one year in the house of correction under a voluntary plea of guilty to manslaughter. Obviously it would have been better for all concerned if the latter could have been incarcerated, under the law, for an indeterminate period. The case of one mentally defective offender, indicted for murder, was nol-prossed because of evidence insufficient to convict. Another received fifteen to twenty-one years in prison for robbery and assault, although the experts had recommended a wholly indeterminate incarceration as a defective delinquent. This prisoner, at the age of twenty-one, had a long and checkered career behind him, beginning at six years of age, when he stole $10. At the age of nine he had used revolvers in committing hold-ups, and his delinquencies had continued down to the time of his examination.

---

[1] Acts and Resolves (1921), Chap. 270, sec. 1.

I cite the case of one of these mental defectives in some detail, as it is eloquent of the need for closer coöperation between courts and psychiatrists, social workers, probation officers, and others concerned with the social-legal treatment of such cases, under the law we are considering and similar laws.

> X., a woman accused of adultery, pleaded guilty, and was sentenced by a district court to six months in the house of correction. Her counsel appealed to the superior court. In the meantime she was examined, under the Massachusetts law, as to her mental condition, and part of the report of the experts is as follows:
>
> "She speaks reluctantly of her past life, giving a history of only four arrests, while we have a record of seven from the court. She seemed absolutely without shame in talking of her past; seemed to lack any true sense of moral decency. . . . . She could 'see no harm in a woman's leading an immoral life unless she bore children'. Thought 'there was no harm in a woman's supporting herself by that means'. According to Binet tests, she graded up to 7.8 years of age. It would seem from this history and from the Binet examination that this woman is a menace to any community in which she might be living. In our opinion, she is a suitable case to be committed to a school for feebleminded."
>
> However, in transmitting this report to the court, the department of mental diseases correctly pointed out that she could not be committed to a school for feebleminded under the Massachusetts laws, and recommended her commitment to a hospital for the insane for further observation. She was so committed by order of the superior court, and on her discharge therefrom at the order of the court, the following is a part of the report made by the hospital:
>
> "Admits having been promiscuous sexually since the age of fourteen

> and having used alcohol since the age of nineteen. She further admits five court sentences, two for adultery and three for drunkenness. . . . Our formal diagnosis . . . is mental deficiency—low-grade moron. From the medical standpoint, we would recommend an indefinite sentence to Sherborn Reformatory, as we feel that this individual is quite unable to keep out of trouble if allowed to go at large.''
>
> This woman's case was placed on file and she was placed on probation! Since then, she has worked in a factory for six months, on a job provided by the probation officer, but has *again been arrested,* and *probation* has again been recommended!

It is easy to criticize the court's action in such cases, but the fault often does not lie with the court. There exists at present in Massachusetts no place to which *female* defective delinquents of the type of this case can be committed.[1] It is true that this woman could have been committed to Sherborn as recommended; but the sentence there would have to be for some definite, and hopelessly inadequate, period, and no special facilities for the treatment of such cases exist in prisons for women. As a matter of fact, with so low a mental basis to build upon, but little good can be done by the ordinary penal and reformatory methods in such cases. Obviously, however, probation is even a less satisfactory device for dealing with them.

Another young offender, declared by the experts to be a defective delinquent, was found not guilty of assault with intent to rape; and the remaining defectives were given brief, definite sentences. From a social point of view, the problems they present are far from being solved.

The diagnosis in seven cases was ''*psychopathic personality*'' or ''*constitutional psychopathic inferiority*''. It is noteworthy that this condition was found in only seven out of the one hundred and thirteen cases examined. This is an interesting contradiction of those who insist that if psychiatrists had more to do with the criminal law, they would find almost all criminals irresponsible, and would throw them into the category ''constitutional psychopathic inferiority'', where no definite psychosis could be established.

---

[1] Although the original defective-delinquent law provided for the treatment of female defective delinquents at one of the institutions for female prisoners, it was found that a special plant and equipment would be necessary to cope with this problem. No separate institution for female defective delinquents is in existence in Massachusetts at this time.

In one of these seven, a capital case, the experts called the attention of the court and the district attorney to the defendant's condition of ''border-line'' mental disease, and these officials agreed that, while not absolutely irresponsible for his criminal acts, such an individual should be considered as only partially responsible. He was, therefore, given a life sentence. This case illustrates the kind of legitimate influence that can be exerted by unbiased experts to educate judges and prosecutors and to lessen the rigor of the law in cases such as this, wherein an inflamed public opinion demanded the death penalty—a fact that members of the jury conveyed to the district attorney in the case, after their discharge, when he had agreed to accept a plea of second-degree murder on the recommendation of the experts. Here a wise social disposition was made of a type of case that has been the source of much medico-legal discussion, the problem of the semi-responsible. The prisoner was placed for the rest of his life where he can do no further harm; at the same time his mental condition and limited responsibility were considered and balanced against the legal demand of the extreme penalty.

Some of the other cases of psychopathic personality were not disposed of quite so wisely from a social point of view. Thus one, with a long record of burglary and larceny, was given six months in the house of correction; undoubtedly, he will resume his career of depredation when he is discharged, conforming to the psychiatric prognosis in the case. Another received *one year* in the house of correction on the following report of the experts:

> ''Age twenty-nine; divorced . . . Father deserted when (patient) three years of age. Became a state ward; attended school to the eighth grade.
>
> ''At eleven years sent to Lyman School as a stubborn child, remaining for three years; then transferred to Concord Reformatory, for larceny, where he stayed fourteen months; later committed to state prison, for burglary and larceny, where he served four years; from 1908 to 1911 was in the U. S. Army; was arrested as a deserter and served a sentence in Leavenworth. He also served a year and one-half at Blackwell's Island, a sentence at Sing Sing, and three months at Holmesburg, Pennsylvania.
>
> ''Has always been of nervous make-up, troubled with insomnia, an occasional user of morphine. Eleven days prior to arrest was paroled from state prison.

"Mental examination shows an average intelligence, no hallucinations or delusions or gross evidences of insanity. Patient shows *marked emotional instability*, threatening suicide in case he is convicted again.

"From his history and from our examination, we are of the opinion that his emotional instability is pathological. While we believe this man to be neither insane nor feebleminded *in a legal sense*, we believe his career to be adequately explained by a disordered personality, ordinarily classified as constitutional psychopathic state."

This is the type of case with which our socio-legal engineering has as yet utterly failed to cope. Every judge who had anything to do with the sentencing of this person, and who read the results of previous brief sentences, must have felt how hopelessly inadequate are the legal means at our command to-day for making a wise social disposition of such cases. Under the law, in the face of this report—and realizing, no doubt, what a ridiculous palliative he was prescribing—the judge was forced to give this man a brief sentence. Judges alone cannot be blamed if such laws as the Massachusetts act for the routine mental examination of certain classes of offenders cannot fully achieve the ends for which they were designed. The fault lies in the legislative prescription, in advance, of definite, brief sentences, under the easily pierced disguise of "indeterminate sentences", which in practice really amount to small fixed sentences.

Another psychopathic delinquent, with a record not to be scoffed at in the best criminal circles, was given probation, and his case was placed on file. He reported for a time, but soon escaped to another jurisdiction, completed a six-months sentence in Providence, and is now being held for trial in the federal courts for breaking into two post offices. I quote from the report of the experts in still another of these cases of psychopathic personality. After detailing a long history of arrests from early boyhood days to the time of arrest for the last offense, the experts say: "Although we believe that this man is neither insane nor feebleminded, we do believe that it is very doubtful if he will profit by the routine correctional measures, and that he will probably become a chronic offender against the law." This offender received a sentence of from three to four years in prison.

In all such cases and in most of the cases of defective offenders, the best of laws can do but little, until society, through its machinery for legal regulation of the social order, decides to take the radical step of incarcerating such unstable offenders for a wholly indeterminate period, its actual length to depend not upon the wishes of the trial judge —who has had little opportunity, if any, to study the offender and his development under penal and correctional treatment —but on the judgment of highly trained prison officials who can study the behavior of the offender over a long period of time, and who are logically the ones to say when such offenders can reasonably be expected to make good in society. Our boards of parole are attempting to do this now, but unfortunately some members of such boards are wholly untrained and unskilled in the problems with which they have to cope; adequate compensation, such as will attract highly skilled and thoroughly trained officers for this important branch of social engineering, is necessary. In the meantime, the education of judges and legislators in the social and psychological aspects of their professions is necessary.

To summarize, out of one hundred and forty-two cases reported for examination, only one hundred and thirteen were examined, of which seventy-one had been indicted for a capital offense, the remainder coming under the other two categories of the law. Of the one hundred and thirteen examined, mental abnormality was found in thirty-eight, of whom eleven were insane; three were recommended for further observation; seventeen were found mentally deficient, three being committed as defective delinquents; and seven were diagnosed as cases of psychopathic personality or constitutional psychopathic inferiority. All the insane were committed to mental hospitals, and several of the mentally defective and psychopathic were wisely handled in conformity with the recommendations of the experts; others were not so satisfactorily disposed of. It is gratifying to note, however, the comparatively large number of instances in which public-spirited judges and prosecutors coöperated with psychiatric experts in a wise social disposition of problems of mutual interest to the law and medicine. With the progress of the work, wiser and more intimate coöperation may confidently be looked for.

A brief criticism of the law is not out of place by way of conclusion: First, it applies, under the first category, only to *capital* offenders, thus making no provision for second-degree murderers or for those indicted for manslaughter. Under the second category—consisting of persons *known* to have been *indicted* for any other offense *more than once*—those previously indicted but once cannot be examined. In the third category—of persons previously convicted of a *felony*—criminals with long records of *misdemeanors* are not included. It is well known that the most promising material for the study of recidivism is among those who for various causes have had a long career as petty offenders. The line between misdemeanor and felony is, after all, artificial, when the distinction is considered from the psychiatric point of view; and the relationship of the mental condition to the illegal act is equally important in misdemeanor and felony.[1]

Secondly, the reporting of the cases depends upon the clerks of the courts, who are not compelled to make such reports if they do not, in the language of the statute, *know* of the previous records of offenders. Obviously, out of the vast number of cases that have come up since the law went into effect, more than one hundred and forty-two should have been reported. But even if the clerks all willingly coöperated, the only reliable source of information as to prior criminal offenses is in the office of the deputy commissioner of probation, the records of which, though excellent, cover but twenty-one courts of the state and about 60 per cent of the criminal business. Manifestly, before the law can operate successfully, thorough records of criminal offenses will have to be established covering the whole state. And even then there is no centralized federal bureau of criminal records covering and coördinating criminal information in the various states, so that offenses in other jurisdictions are often unknown.

---

[1] Of the 9,219 occupants of our county jails (Massachusetts) in 1922, 59 per cent had served on an average of six previous sentences. (Statement of Massachusetts Civic League, in the *Monthly Bulletin*, November, 1923, of the Massachusetts Society for Mental Hygiene.) These petty offenders must commit one of the felonies provided for by the Massachusetts law for mental examinations before they can be examined. The Civic League is now circulating an initiative petition for the mental as well as physical examination of the inmates of the county jails—a work that must commend itself to all forward-looking citizens.

Thirdly, it will be some time before trial judges *coördinate* their *disposition* of cases with the experts' reports on such cases. The problem, in other words, is the fundamental one of coördination and effective interrelation of all the agencies that deal with the criminal from the moment of his arrest to the time of his ultimate return to society. This, in my opinion, is the most fundamental problem to be solved in the field of crime as well as in other fields of social endeavor. It would be interesting to discover, for example, how many social and public agencies have been involved in the treatment of various cases that arise in the field of social work, how much duplication and working at cross-purposes there has been. Whether the work of coördination of effort among the various agencies that deal with the criminal should be carried on by a ministry of justice, as some have proposed, is a question well worth consideration.

In spite of these patent defects of the Massachusetts law, however, let me reiterate that this provision for the mental examination of persons accused of crime, even as it stands to-day, is far in advance of any similar legislation in any state of the Union. Its efficient principle is to reduce to a minimum the trial of persons who, because of mental abnormality, can more wisely be disposed of without a formal trial. It is the first step in the direction of placing the question of the socio-legal treatment of the criminal insane where it belongs. It eliminates the objectionable feature common to all other state legislation on the subject—namely, the leaving of the mental examination of offenders to chance or caprice instead of, as in Massachusetts, making it a *routine, scientific* procedure. Finally, it makes for a much better understanding then has hitherto existed between the legal and medical professions on the vexed question of the criminal responsibility of the insane.

It will take some time for such a piece of social machinery to become well oiled and to be properly coördinated with the rest of the legal machinery. And there is nothing in the law to compel the prosecution or the defense or the court to follow, or even to consider, the recommendations of the experts appointed by the department of mental diseases. But this feature can constantly be improved through the influence of intelligent, well-informed, well-guided, public opinion. It is here that the efforts of representative, thoughtful citizens can materially add to the efficiency of this and other social legislation, by helping to furnish and formulate what Dean Pound and other legal scholars[1] have fittingly called the "social-psychological sanction" of law, without which many acts on the statute books not only remain dead letters, but inspire dissatisfied citizens to positive deeds of lawlessness.

---

[1] See, for example, Jellinek's *Allgemeine Staatslehre*, 2d ed., pp. 89, 324. Berlin: O. Häring, 1905.

THE DEVELOPMENT BATTALION*

ELEANOR ROWLAND WEMBRIDGE
Psychologist, Women's Protective Association, Cleveland, Ohio

THERE they sat—Tilly, Elda, Lulu, and Sadie. All of them wanted a job, and all of them had had so many that they and we had almost lost count.

Tilly was plain and Polish. She had been employed as a houseworker, but never long in one place, for she was hot-tempered and sensitive. Her appearance was heavy and uncouth, and the efforts of her various employers to teach her always offended her dignity. Two months' work usually led to a lofty exit from her kitchen and a hunt for another job. We suspected that her frequent quarrels were merely the result of rocking in her solitary bedroom after hours until she could bear the monotony there no longer. The quarrel then resulted merely as an unconscious pretext for a change of scene. With this record, how conscientiously recommend her for another job? And what to do with her if we did not?

Elda was a very different type. She wore her dingy little finery with much poise and self-satisfaction and her rouge and her ear puffs were as extreme as she dared to have them in our presence. Elda refused to do housework. She had no natural aptitude or training for it and utterly refused to acquire any. She insisted upon "clerking" in a store, and had made the rounds of many of them, interspersing waitress work in cheap restaurants, where she depended mainly upon the tips. She had just passed through a regrettable episode in her life which had kept her in the hospital for a month. But the baby had died, and Elda, who had loved him fiercely for three weeks, was recovering from her loss with the same buoyancy that had carried her through the desertion of her lover. At present she was powdering her nose with considerable absorption, until such time as we could attend to her.

---

* A report of the Women's Protective Association of Cleveland. The association is attempting to solve the problem of such girls as Tilly, Elda, Lulu, and Sadie. Information as to its Prospect Club and other of its activities may be obtained by writing to the association, 507 Electric Building, Cleveland, Ohio.

Lulu preferred factory work and had been employed in the knitting mills, the wire factory, the candy shops, the men's clothing industry, the box factory, the leather shops, and I know not how many others. In the course of her various jobs she had met and married a truck driver and lived with him three months. There followed a confused tale of family differences to which relatives on both sides had contributed. Now Lulu was left with a baby, while Jim had jumped a freight for parts unknown. To find a factory job, or indeed any job at all, for a girl with a baby is no easy matter—but Lulu had been laid off of one job and had got to have another. It must be found somehow.

The fourth visitor was Sadie, a gentle little girl who had been drifting about for years, but could give no coherent account of where she had been or what she had been doing. She had been sent back to her home on the farm from time to time, but apparently always wandered back to the city when country life began to pall. She could do housework pretty well, if she were not required to do anything on schedule time. She never kept an appointment or had a plan. Although she never looked very well, no one could locate any definite malady. Her father sat by the fire and smoked. Her brother stood by the post-office steps and stared. Her mother, after a few feeble efforts about the house, sat and rocked. Sadie liked to do the same. It was merely because she preferred to do it in the city that she ran away from the farm. No one had had the energy to catch her or to keep her when caught.

If any one five feet two has had to climb a mountain with some one who is six feet two, he will remember how it feels, not only to lag behind, but to know hopelessly and breathlessly that he never *will* catch up. So with our four—and many others like them. They had never kept up with the rest of the world, and they never expected to. They had no habit of success and no conception of it.

In the course of our conferences with them, each of them submitted amiably to a standardized mental test. One of the problems of reasoning that appears in this test is the following: "I know a road from my house to the city which is downhill all the way to the city and downhill all the way back." When Veronica, a normal little runaway of ten years of age, was asked what was foolish about that statement, she tittered politely behind her handkerchief and said, "It is foolish to think he could go down both ways." This was one of many indications that Veronica had the reasoning powers suitable to her age. But when Tilly, Elda, Lulu, and Sadie were asked to point out the same absurdity, the responses were quite different. Tilly said, "It is foolish to go downhill", and on being pressed for further reasons, she merely added, "Foolish to go down to a city that up." Elda, who had much more society manner and desire to please, laughed very heartily at the statement and said it was certainly very foolish. "Why is it foolish?" asked the examiner. "It sounds so comical", laughed Elda. "But why?" was the persistent inquiry. "Because if it went to the city, naturally it went back. It's foolish to say it twice. It's the words that are so comical." And she laughed again, full of good nature and desire to please. Lulu went on another line: "Did he live by the road? It's foolish to go by the road if he lives in the city." And little Sadie, after some minutes of smiling silence, asked gently, "Why did he tell her that?" and shook her head at any invitation to say more.

Another absurdity is, "The police found the body of a girl cut into eighteen pieces; they think that she killed herself." "What is foolish about that?" Again ten-year-old Veronica relapsed into her pocket-handkerchief giggles. "Good *night!*" said she. "She couldn't do it." But poor cross-grained Tilly took another view. The problem seemed to her a personal affront. "She couldn't get the chance. Always watching you. They'd catch her all right", was her reaction to the problem. Elda hardly thought it polite to laugh at so serious an episode, and after a good deal of repetition of the question as she fussed with her mangy little fur, she remarked that it was foolish for girls in trouble to try to kill themselves; it didn't pay. Lulu was a skeptic. She announced that for her part she didn't believe that the police *did* find her! If they found her dead, maybe she was dead. "But I just don't believe it!" Sadie, as always, was reluctant to talk, but she finally ventured that "sometimes it wasn't so foolish as people think".

A request to point out an absurdity in the statement, "An engineer said, 'The more cars I have on my train, the faster I can go,' " elicited the following answers: Tilly said, "That's right. If a certain amount, it pulls faster than with few." Elda said, "One car goes as fast as ten if the engine is good." Lulu asked, "What makes it go?" And Sadie murmured, "He can't have cars if he has an engine."

Since two of the girls were twenty-one and the other two were old enough to vote, it was interesting to know what was their idea of the difference between a president and a king. It was hardly likely that they would have much conception of any difference, when their reasoning powers were so slight, but we had a certain curiosity to know what they would say.

All of them were ready in their responses and all of them showed a robust faith in the superiority of presidents. Tilly as usual took a gloomy view. "A president builds up, but kings mostly kill you", was her summing up of the situation. The more kindly Elda gave as her difference that the president gives others a chance, while the king watches the soldiers. Lulu agreed that the king was fond of war, but thought that the president limited his activities to watching the high cost of living—a somber picture indeed of the view from the White House windows. Sadie murmured something about a throne, and added that though the king was older, he usually gave more parties. So much for the political outlook of the four.

A still further test of reasoning was the following: "Why should we judge a person more by what he does than by what he says?" No particular answer was required, but any reasonable answer was acceptable. Here is Tilly: "Everybody lies. You can only judge by what they say." Lulu ventured, "It's according to what they say." And Sadie, "You should do what's right." Elda gave a light little laugh suitable for an afternoon tea and asked coquettishly, "Read the mind?" An answer of the type that had always made people give Elda credit for more judgment than she had. It seemed to mean something, and yet, like all of her remarks, it just failed to have a point.

Asked to interpret the simple fable of the hare and the tortoise, and to tell what lesson might be learned from it, Tilly kept to solid fact and said, "It teaches about a hare and a tortoise." Elda wagged her head knowingly and said, "Bible history." Lulu said, "It don't pay to be a fool." And Sadie, "About animals."

Yet with all this mistiness of comprehension, this thick fog through which rational ideas loomed so faintly, the girls could not be called exactly feebleminded. They had fair memories and could do simple sums in addition and subtraction. They could read books and newspapers (although one could not but wonder what they made of what they read) and they could all use words, Elda especially using them with great fluency, although the meanings of the words were often peculiar to herself. Revenge meant "you do it", and envy "you give in". Regard meant "letter received, like *au revoir*" and Mars (with a simper) "if you're pretty and single, he 'mahries' you". Civil meant "you are not crazy", or "American", though Sadie was sure it was "big" because the Civil War was big.

All the girls could analyse a simple comparison of two substances and say why wood and coal were alike. "You burn 'em", was their response. But when it came to noting any similarity at all between three materials such as wool, cotton, and leather, Tilly could get no further than that cotton was made from scraps of wool, and the others shook their heads.

Lulu could remember some arithmetic, but how could she be expected to live within her husband's income when she reckoned in terms of time a sum whose answer was thirty-five cents and gave two years as her result?

How can Elda, with her red cheeks and her ready, if witless responses, fail to attract another lover as faithless as her first? In what terms shall one preach thrift or chastity to the dim little mind of a twenty-year-old girl whose definition of justice is "peace", "because I went to a justice of the peace"; whose definition of charity is first "wagon" and who, when informed that it is not the same chariot, tries again and says, "You've got control"? In what parables shall one preach to Sadie, whose analysis of the lesson to be learned from the fable of the milkmaid who counted her chickens before they were hatched was, "Learn children"?

Yet Tilly and Lulu, Elda and Sadie all are here and all must earn their livings until they marry. After they marry, they must either get their husbands to support them or support themselves. They will probably try both methods, and find both equally difficult. In the meantime they must live, eating as much and dressing in more or less the same fashion as the rest of us. They must have a room to live in, and they must live with other girls so that they will not be lonesome. They must have a place to entertain the lovers whom they are sure to attract, and something to entertain them with, and some one to show them how to do it suitably. They must be helped patiently in the long task of paying their bills. They must be encouraged to refrain from quarrels and lies and profanity and light-fingeredness and dirty stories, and to substitute for these good manners, truth-telling, honesty, and an appreciation of wit that is not obscene. This is an uphill road for girls who did not learn such lessons in their childhood and who are not very quick and adaptable at getting new ideas, and it is often uphill work for their teachers.

Many are the places of refuge for the girl who is rich and dull, and the girl who is poor, but bright, is finding more open roads every year. But the girl who is not gifted either in her mind or in her purse, and whose environment has steadily exploited all her weaknesses, needs a consideration that she has seldom received because she could never pay for it. Yet she and her brothers are with us in vast numbers. Have they a right to live? If so, how can we help them to live safely?

THE PROBLEM CHILD*

PHYLLIS BLANCHARD PH.D.
Child Guidance Clinic No. 1, The National Committee for Mental Hygiene

RICHARD H. PAYNTER, JR., PH.D.
Child Guidance Clinic No. 1, The National Committee for Mental Hygiene

THERE was a time when the child who was dull or "bad" in school was named the class dunce or automatically punished, but was otherwise left to continue on the path of dullness or misconduct undeterred. To-day, thanks to the practical application of psychiatry, psychology, and sociology to his problems, this child receives a different type of treatment. Our present point of view is that there are definite causes that produce his difficulties, that these causes are to be found in his physical, mental, or social life, and that, having been found, they can in many instances be removed or ameliorated. Our knowledge in this field is still in its infancy, however, so that it is well for us to stop occasionally and take account of stock, to see just what we have learned in our study of the problem child.

Five hundred school children, who were considered problems at home or at school, have recently been studied in three of the child-guidance clinics conducted by The National Committee for Mental Hygiene as a part of the Commonwealth Program for the Prevention of Delinquency. These children have been given medical, psychiatric, and psychological examinations, and a social history of each one has been obtained. A second, unselected group of 337 children (comprising all the children in two schools) were also given medical and psychological examinations and certain social facts about them were ascertained; this second group may therefore be used as a control group for the same set of findings in the group of problem children.[1]

---

* The data presented in this paper were reported in part at the annual meeting of the American Psychological Association, Madison, Wisconsin, December 27-29, 1923. We are greatly indebted to Dr. V. V. Anderson, Director of the Division for the Prevention of Delinquency, The National Committee for Mental Hygiene, for permission to use this material and for general suggestions as to the preparation of the paper.

The examinations on the 500 problem children were requested by parents, teachers, local physicians, social-service agencies, judges of juvenile courts, and the like. The reasons given for referring these children for study may be classified as follows:

TABLE I.—REASONS FOR REFERENCE

Reason	*No.*	*Per cent*
Conduct disorders	214	42.8
*Retardation	145	29.0
Personality difficulties	41	8.2
Parents asked advice	30	6.0
Advice as to placement	22	4.4
Poor physical condition	19	3.8
Speech defects	13	2.6
Vocational advice	5	1.0
Superior child	5	1.0
Child asked to be examined	3	0.6
Special disability	2	0.4
Maladjustment at school	1	0.2
Total	500	100.0

* This term includes both school and mental retardation in this particular instance.

The ages of the children ranged from four to sixteen years in both groups. There was a fairly equal division of the sexes in the control group, 55.8 per cent being boys and 44.2 per cent girls, but nearly two-thirds of the problem group—64.6 per cent—were boys. Almost twice as many boys as girls were referred for study as problems.

In both groups, the ratio of white to colored children and of children of American parentage to those with one or both parents foreign born was practically the same. The exact percentages in the two groups were as follows:

---

[1] It should perhaps be mentioned that the two schools that furnished this control group were part of a rural school system. Of the 500 problem children, at least 250 were from rural schools.

TABLE II.—RACE AND PARENTAGE OF CHILDREN IN PROBLEM AND CONTROL GROUPS

	Per cent in control group	*Per cent in problem group*
American parentage	62.1	69.6
*Foreign parentage	24.4	20.6
Colored	12.2	9.2
Parentage unknown	1.3	0.6
Totals	100.0	100.0

* The term foreign parentage includes cases in which one or both parents are foreign born.

There are certain general facts as to the physical and psychological status of the children in the two groups that in a comparison become very striking. Table III shows that the problem group contained relatively over five times as many children who were diagnosed as mental defectives as the control group. More than three times as many children in the problem group as in the control group showed marked physical defects, while twice as many showed clinical signs of endocrine disturbances. Relatively three times as many of the problem children as of the children in the control group were diagnosed as normal or dull normal with personality difficulties, and six times as many were cases of conduct disorders.[1] Marked speech defects were twice as frequent in the problem as in the control group. In considering these figures, we must remember that the same child may be retarded, mentally defective, and also show marked physical defects, or any other combination of conditions may exist.

TABLE III.—GENERAL PHYSICAL AND PSYCHOLOGICAL STATUS IN PROBLEM AND CONTROL GROUPS

	Per cent in control group	*Per cent in problem group*
Mental defect	5.0	28.2
Marked physical defects	7.3	23.6
Endocrine disturbance	4.2	8.2
*Personality difficulties	9.7	28.8
Conduct disorders	7.3	42.8
Speech defects	6.6	13.2

* "Personality difficulties" refers only to children diagnosed as "normal or dull normal with personality difficulties".

---

[1] This startlingly disproportionate number of defective children and of children who showed conduct disorders in the problem group is partly explained by the fact that conduct disorders and mental retardation were the two most frequent reasons for reference.

The I.Q. distribution for the two groups is presented in Table IV. The psychological tests from which the I.Q.'s were calculated were the Stanford revision of the Binet and the national intelligence test. The Stanford-Binet was used entirely in the examination of the 500 problem children, and was also used in testing 126 of the 337 children in the control group (those in the first and second grades). The other children in the control group were given the national intelligence test.

TABLE IV.—I. Q. DISTRIBUTION IN PROBLEM AND CONTROL GROUPS

	Per cent in control group	*Per cent in problem group*
Below 60	3.2	11.2
60–69	4.4	15.6
70–79	11.2	23.8
80–89	24.1	23.2
90–99	25.3	13.4
100 or more	28.3	12.6
Unascertained	3.5	0.2
Total	100.0	100.0

In considering the I.Q. distribution, we find that the number of children with I.Q.'s between 80 and 89 is practically the same in the problem and the control groups. Twenty-three and two-tenths per cent of the problem children and 24.1 per cent of those in the control group had an I.Q. between 80 and 89. There are relatively more than two and a half times as many children with an I.Q. below 80 in the problem group,[1] and less than one-half as many with an I.Q. over 90. Fifty and six-tenths per cent of the problem children had an I.Q. below 80, while only 18.8 per cent of the control group had an I.Q. below 80; 26 per cent of the problem children and 53.6 per cent of the control group had an I.Q. of 90 or above. The I.Q. was not obtained for 3.5 per cent of the control group and 0.2 per cent of the problem group.

It is interesting to note that the further removed from the 80-to-89 range the I.Q. grouping became, the greater was the difference between the problem and the control groups. That is, of children with an I.Q. between 70 and 79, there were approximately twice as many in the problem as in the control group; of those with an I.Q. between 60 and 69 there were almost four times as many in the problem group; and almost four times as many problem children had an I.Q. below 60. On the other hand, there were about half as many children with an I.Q. between 90 and 99, and less than one-half with an I.Q. of 100 or more, in the problem group. Another interesting observation is that 47 per cent of the problem children had I.Q.'s between 70 and 89, while 49.4 per cent of the control group had I.Q.'s between 80 and 99. The median for the problem group lies slightly below 80, and that for the control group slightly above 90—a difference of more than 10 points between the median I.Q. for the two groups.

---

[1] The greater number of children with an I.Q. below 80 found in the problem group is partly explained by the fact that so many of these were referred because of suspected feeblemindedness. (See those referred on account of retardation, Table I.) However, the control group includes one "special" class of mentally defective children.

In the control group there was a slightly greater percentage of children with an I.Q. between 90 and 99 than between 80 and 89, but in the problem group the percentage between 70 and 79 was about equal to that between 80 and 89. In the control group there were about nine times as many children with I.Q.'s above 100 as below 60; whereas in the problem group there were only slightly more with I.Q.'s above 100 than below 60.

The age-grade status of the children in both groups was estimated on the basis adopted by Terman. That is, the average age for beginning the first grade was considered to be six and a half, the average age for beginning the second grade seven and a half, and so on. A half year away from these averages was disregarded. Similarly, in comparing grading in school with intellectual level, a mental age of six and a half was considered capable of beginning first-grade work, a mental age of seven and a half second-grade work, and so forth.

In comparing the age-grade status of the two groups (see Table V), it is first of all pertinent to note that the percentages of children graded one, two, three, and four years below the average for their age approximate very closely similar figures found by other investigators in various schools throughout the country.[1]

TABLE V.—COMPARISON OF SCHOOL GRADE WITH CHRONOLOGICAL AGE IN PROBLEM AND CONTROL GROUPS

	Per cent in control group	*Per cent in problem group*
Graded above average for age	16.0	6.8
Graded at average for age	33.4	23.4
Graded 1 year below average	26.5	20.6
Graded 2 years below average	15.5	17.4
Graded 3 years below average	3.8	9.6
Graded 4 years below average	1.4	8.2
In special class	3.4	8.4
In school for deaf	0.0	0.2
Unascertained	0.0	5.4
Total	100.0	100.0

In the problem group as compared with the control group, there are fewer children who are graded above the average for their age, but more who are graded below the average. In other words, the age-grade acceleration is greater in the control group, while the age-grade retardation is greater in the problem group. There are relatively less than one-half as many children who are graded above average for their age in the problem group; only 6.8 per cent of the problem children, but 16.0 per cent of the control group show an age-grade acceleration. Relatively about two-thirds as many children of the problem group are in the average grade for their age, or 23.4 per cent of the problem group as compared with 33.4 per cent of the control group. In the problem group there is an age-grade retardation of 55.8 per cent and in the control group of 47.2 per cent. When we consider those who show a marked age-grade retardation of three and four years, the percentage is three times as high in the problem group; that is, 17.8 per cent of the problem group and 5.2 per cent of the control group show an age-grade retardation of three and four years. More than two and a half times as many of the problem children are in special classes: 8.4 per cent of the problem children and 3.4 per cent of the children in the control group are in special classes for defective children. (It should be noted that the child who is over age for his grade or who finds himself placed in a special class often develops a feeling of inferiority and discouragement which may react on his work or his conduct.)

---

[1] See *The Intelligence of School Children,* by Lewis M. Terman. Boston: Houghton Mifflin Company, 1919. pp. 113–14.

TABLE VI.—COMPARISON OF SCHOOL GRADE WITH INTELLECTUAL LEVEL IN PROBLEM AND CONTROL GROUPS

	Per cent in control group	*Per cent in problem group*
Graded below intellectual level	34.6	10.6
Graded at intellectual level	41.0	31.2
Graded 1 year above intellectual level	14.0	23.8
Graded 2 years above intellectual level	3.0	14.2
Graded 3 years above intellectual level	0.6	4.4
Graded 4 years above intellectual level	0.0	1.8
In special class	3.4	8.4
In school for deaf	0.0	0.2
Unascertained	3.4	5.4
Total	100.0	100.0

In comparing school grading with intellectual level in the two groups (see Table VI), even more striking differences are found. The outstanding feature is that while very few of the problem children are graded below their intellectual level, 44.2 per cent are graded above their intellectual level as compared with 17.6 per cent similarly misgraded in the control group—that is, relatively two and a half times as many are so misgraded in the problem group. There are less than one-third as many problem children graded below their mental ability—10.6 per cent as compared with 34.6 per cent of the control group. About three-fourths as many problem children are graded properly for their mental ability, 31.2 per cent of problem children and 41.0 per cent of the control group being placed in grades commensurate with the intellectual level. On the other hand, as misgrading progresses from one to four years, the discrepancy between the control and problem groups also increases. Thus, there are about one and a half times as many children graded one year above their mental ability in the problem as in the control group, or 23.8 per cent as contrasted with 14.0 per cent. Over four times as many problem children are graded two years above their intellectual level, or 14.2 per cent in the problem group and 3.0 per cent in the control group. Seven times as many problem children are placed three years above their mental ability, or 4.4 per cent of the problem group and 0.6 per cent of the control group. When we consider children who are graded four years above their mental ability, we find that there are none so misplaced in the control group, but 1.8 per cent of the problem group are so misgraded.

The comparisons that are brought out by the foregoing study suggest that we might expect to find that certain conditions, which appear with much greater frequency in the problem group, are active causes in producing maladjustment in the child's life and making him a problem. In this connection should be noted mental retardation and mental defect, speech defects, physical ills, endocrine disturbances, personality difficulties, and misgrading in school, especially when the child is required to do work far beyond his grasp.

In order to check up the validity of the above deductions, the causative factors in 250 of the 500 problem cases were tabulated. Mental retardation was found to be a prominent feature in the etiology in 31.6 per cent of the 250 cases, while mental defect appeared as an outstanding cause of maladjustment in 28.0 per cent. In 33.6 per cent, poor physical condition was one of the chief factors, and endocrine disturbance was listed in 15.2 per cent. Personality difficulties were contributing causes in 51.2 per cent. Speech defects were noted in 4.0 per cent. Misgrading helped to produce the child's difficulties in 5.6 per cent of the cases.

Table VII gives the complete list of causative factors found in the analyses of the 250 problem cases. It will be noted that poor heredity, poor physical condition, mental retardation,[1] and mental defect are among the causes that appear most frequently, being exceeded only by bad home conditions and personality difficulties. Endocrine disturbance is also listed as a prominent cause of maladjustment in this table.

---

[1] Mental retardation is used to indicate children who are intellectually retarded to a degree that interferes with their adjustment to the school curriculum, and so forth, but who cannot be considered mentally defective. In most of these cases, the I.Q. range would be above 70, but below 85. The mentally defective group also includes some children with an I.Q. between 70 and 80. The differentiation between mental retardation and mental defect is made by taking into account all the other data, social, physical, and so forth, as well as the I.Q. Practically all the children with an I.Q. below 70 fall in the mentally defective group.

TABLE VII.*—CAUSATIVE FACTORS IN 250 PROBLEM CASES

Causative factor	*Number*	*Per cent*
Bad home conditions	139	55.6
Personality difficulties	128	51.2
Poor heredity	115	46.0
Poor physical condition	84	33.6
Mental retardation	79	31.6
Mental defect	70	28.0
Endocrine disturbance	38	15.2
Early illnesses	36	14.4
Bad companions	33	13.2
Irregular attendance and changes of school	28	11.2
Emotional conflicts	27	10.8
Loss of interest and poor effort in school	21	8.4
Lack of proper recreation	21	8.4
Neurotic make-up	20	8.0
Sensory defects	18	7.2
Overindulgence	14	5.6
Misgrading (placed above mental ability)	14	5.6
Adolescent instability	12	4.8
Early injury	10	4.0
Language difficulty	10	4.0
Psychopathic personality	10	4.0
Speech defects	10	4.0
Fatigued easily	8	3.2
Antagonism to teacher	7	2.8
Foster home	6	2.4
Teasing	6	2.4
Fear control	5	2.0
Special disability	5	2.0
Congenital syphilis	5	2.0
Bad sex habits	4	1.6
Obsessive ideation concerning sex	4	1.6
Epilepsy	2	0.8
Post-encephalitic condition	1	0.4

---

* If we compare certain items of Table VII with those in Table III, we shall find some discrepancy in the figures as to personality difficulties, physical defects, and endocrine disturbances. The fact that we have listed so much greater a percentage of personality difficulties in Table VII is of course explicable when we remember that in Table III the heading "personality difficulties" refers only to children of dull normal or normal intelligence, while in Table VII it includes children of all intellectual levels. The greater proportion of physically ill and of those suffering from endocrine disturbances in Table VII is explained by the fact that we have included in the group of 250 problem children those from a certain locality in which was found an undue preponderance of cases with glandular imbalance and marked physical defects, while the 500 problem cases analyzed in Table III had no such weighting in these respects.

In considering the figures given in Table VII, it must be remembered that there is an overlapping of the figures, because in almost every case we do not find a single cause of maladjustment, but a series of causes. For example, a child may be retarded in school because of poor physical condition and resultant irregular attendance, on account of which he may have become discouraged and have lost interest, so that his effort is poor, and this also becomes a contributing factor in the case. Or a child referred on account of conduct disorder may be somewhat mentally defective and suggestible, so that, lacking proper home supervision on the one hand, and being susceptible to the influence of bad companions on the other, he begins to steal, play truant, and the like. His difficulties may be further aggravated by his being placed above his intellectual level in school, in which case the impossibility of doing work beyond his grasp would be an additional incentive to truancy. In such a case, we would list the causative factors as mental defect, poor home conditions, bad companions, and misgrading.

Heredity and bad home conditions—which are among the causes that appear most frequently on our list, being given in 46.0 per cent and 55.6 per cent of the cases, respectively—are fundamental to many of the others. Out of the interaction of hereditary and environmental forces spring personality difficulties of all kinds; there is often an hereditary basis for mental deficiency, and poor home conditions are apt to underlie physical and mental ills of many sorts, from malnutrition due to improper diet to emotional conflicts that have their beginnings in the relations between parent and child. Aside from the hereditary equipment of the child, there is nothing of more significance in determining his reactions in various situations than the habits of response that have been stamped into his nervous system by the environmental influences to which he has been subjected. The type of home in which he has grown up, the habits that he has acquired from his companions through suggestion and imitation, the opportunity for proper recreation—or lack of it, which leads to the substitution of undesirable activities as an outlet for surplus energy—these and similar conditions are fundamental in shaping the behavior patterns of the child.

If we glance at our table of causative factors (Table VII), we shall find that unfortunate home situations (in which are included the headings "bad home conditions", "foster home", and "overindulgence") appear in 63.6 per cent of the cases, while bad companions figure in 13.2 per cent and lack of proper recreation in 8.4 per cent.

In 93.2 per cent of our problem cases (Table VIII), personality difficulties of one kind or another were found. Sometimes these personality defects were apparent in the clinic, standing out clearly during the psychological and psychiatric examinations; in other instances the child appeared to have a fairly normal personality make-up during the clinical examination, but the social history obtained from the home and the school showed marked personality difficulties. In 30 per cent of the cases, these personality disorders were not sufficiently severe to be considered an actual cause of the child's maladjustment, but reference to Table VII will show that in 63.2 per cent personality difficulties (which also includes the headings "neurotic make-up" and "psychopathic personality") were considered as causative factors. This means that of all the personality difficulties noted, two-thirds were considered causative factors.

The term "personality difficulties" is used in our study to refer to certain well-defined traits, and includes the neurotic and psychopathic child and also the seclusive, hyperkinetic, hypokinetic, emotional, egocentric, and inadequate personality types. The seclusive personality is characterized by an absence of the gregarious impulses that are common to average individuals. Seclusive children do not mingle with others readily, but prefer to play by themselves or to remain aloof, wrapped in their own daydreams and fancies. They are shy, quiet, reticent, and reserved. Very often these habits develop in the young child out of a natural shyness and timidity toward other children when first he becomes a member of the school group, but unless such tendencies are overcome, they may be so molded into the personality make-up as to prevent proper adaptation as the child grows older and the necessity for adjusting to group life becomes more imperative. When seclusive traits are carried to an extreme, they may become psychotic trends. The type of insanity known as dementia praecox is usually found in individuals who have been seclusive in their make-up.

Another rather abnormal personality type is that which finds its extreme expression in the manic phase of manic-depressive insanity. This is the hyperactive personality, which is characterized by restlessness, talkativeness, overactivity, facetiousness, impatience, rapidity of speech, boisterousness, and the like. This type of personality is apt to form a disciplinary problem at home and school, because it must be constantly occupied with something, and lacking sufficient wholesome activity, easily gets into minor behavior difficulties.

Somewhat in contrast to the hyperactive is the hypokinetic personality, which is slow in physical and mental reactions, lacking in energy and initiative, and generally apathetic. Very often this type of personality make-up is the outcome of a poor physical condition. The hypokinetic child often gives the impression of being duller than he really is because of his lack of energy and his apathy. Improvement of his physical condition usually works wonders in changing his personality traits.

Neurotic children are fearful, indecisive, constantly complaining and worrying, and frequently have such habits as enuresis, nervous biting of nails, and the like. Often, in an attempt to compensate for their deficiencies, they assume a set of virtues that are not natural to their make-up and are patently artificial. Instead of being punctual, they arrive ahead of time; instead of being efficient, they are so meticulous as to details as to hinder the accurate accomplishment of their tasks; in the vernacular they are the type described as "goody-goodies". The neurotic personality, like the hypokinetic, is often concomitant with organic defects.

The emotional child is one who shows a rather unstable make-up; he laughs or cries too easily, is readily excited and upset, is over-sensitive and easily discouraged, and so forth. This child becomes a problem because of his sensitiveness, excitability, and tendency to become discouraged. These traits may inhibit proper effort in school, or may become the basis of quarrelsomeness or other behavior difficulties.

The egocentric child has the most unpleasant make-up of any of these types. He is selfish, opinionated, stubborn, conceited, tends to blame others in order to excuse himself, and is often cruel and a bully. Because of these traits he is apt to be a disciplinary problem in the classroom, on the playground, and at home.

The inadequate personality is frequently found in connection with intellectual deficiency. It is characterized by a general inability to meet situations in an adequate fashion. Lack of judgment, suggestibility, and an inability to grasp the full implications of situations are outstanding characteristics of this personality type.

These personality defects are found to a greater or less extent in many individuals, but the degree varies enormously. In some cases they become so marked as to produce exceedingly abnormal conduct, in which case the child is considered to be psychopathic. Another point to be remembered in connection with these personality traits is that they are not at all mutually exclusive; the same child may be both emotional and neurotic, hyperactive and egocentric, or almost any other combinations may be found. It is perhaps also worthy of note that there is a tendency for the child who shows personality difficulties in one situation to show these same defects in other situations. This is not always the case, of course, but is true in the majority of instances. A study of 250 problem cases already analyzed with respect to causative factors shows the following figures as to personality reactions in three definite and entirely different situations—the home, the school, and the clinic.

TABLE VIII.—CHILDREN WHO SHOWED PERSONALITY DIFFICULTIES IN VARIOUS SITUATIONS

	Number	*Per cent*
In home, school, and clinic	148	59.2
In home and school only	25	10.0
In home and clinic only	5	2.0
In school and clinic only	21	8.4
In home only	5	2.0
In school only	21	8.4
In clinic only	8	3.2
No personality difficulties shown	17	6.8
Total	250	100.0

As we have previously stated, 93.2 per cent of the 250 problem children included in Table VIII showed personality difficulties of one type or another. In 59.2 per cent the same personality defects were apparent in all three situations—home, school, and clinic. Twenty and four-tenths per cent more of the children showed personality difficulties in two of the three situations, while 13.6 per cent showed personality defects in only one of the three situations. It is of some interest to note that of the group that showed personality difficulties in only one situation, more than one-half (8.4 per cent) manifested these traits in connection with the school. Approximately six out of every ten children who showed personality difficulties displayed these traits in all the different situations in which they found themselves, while about eight out of ten—79.6 per cent—showed the same defects in at least two out of three different situations. In 13.6 per cent, personality difficulties were manifested in only one of the three situations—that is, only one out of seven children that showed personality difficulties displayed these in only one situation. In 72.8 per cent of the cases, personality difficulties were manifest during the clinical examination: that is, in seven out of nine children who showed personality defects, these were apparent in even so unusual a situation as that in which the child found himself when he came to the clinic for the first time.

We are undoubtedly justified in believing that personality defects that are sufficiently marked to cause maladjustment in the home or school will appear in other situations and, if permitted to develop into persistent habits, will be a source of maladaptation in the later life of the individual. It is therefore imperative, not only for the child's present adjustment, but also for his whole future, that his personality defects be corrected in their incipient stages, before they become so ingrained as to be almost ineradicable. Our conception of personality is not that it is a static, unchanging condition. We realize that physical ills, environmental influences, and many interacting factors underlie the outward manifestations of personality. Therefore, by medical and social treatment, and by enlisting the child's own coöperation in the correction of his difficulties, we may hope to produce marked changes in personality and bring it back to a normal state.

Poor physical condition is a frequent cause of maladjustment, appearing in 33.6 per cent of our 250 cases. This may be an indirect cause of school retardation, both by lowering the child's physical energy and thus interfering with his output of effort and by causing irregular attendance. Poor physical condition may also be an underlying cause of nervousness and irritability, and thus create personality and conduct disorders in the child.

The mentally retarded and defective child is a misfit in the regular classroom because the work is beyond his grasp. Not only is he forced to repeat grades, but in many instances, losing interest in work that is above his comprehension, he becomes a truant, and in this way drifts into other conduct disorders. Mental retardation is listed as a causative factor in 31.6 per cent and mental defect in 28.0 per cent of the 250 problem cases. (Table VII.)

We have recently heard a great deal of the effects of endocrine disorders upon the physical and mental life of the individual. Disturbances of the functions of the glands of internal secretion produce various physical and mental symptoms. It is not within the scope of this paper to discuss this subject in detail; we can only remark in passing that glandular imbalance often forms the basis for mental retardation and mental defect and for personality difficulties, and that the proper medical treatment clears up the latter symptoms. We found endocrine disturbances of various kinds to be contributing causes in 15.2 per cent of our 250 problem cases.

It might be desirable to discuss in detail the whole list of causative factors given in Table VII, but this can hardly be undertaken on account of limited space. Before turning our attention to some typical cases of problem children, however, we should say a word about one type of maladjusted child that has been given little consideration except by one or two workers. The child with a speech defect is inevitably maladjusted to some extent, because human intercourse depends largely upon the medium of the spoken word. Moreover, Dr. Smiley Blanton has found that the speech defect is often but the outward symptom of some deeper underlying nervous or emotional instability.[1]

Dr. Greene, director of the National Hospital for Speech Disorders, considers that the child with a marked speech defect is apt to show lack of concentration, of attention, and of self-confidence, and a mental sluggishness due to inability to express his thoughts. He believes that the child with a speech defect suffers tortures personally on account of this difficulty, and that educational progress is markedly impaired.[2] Speech defects are among the causative factors in 4.0 per cent of our problem children.

If we turn from the consideration of statistical data to the study of individual cases, we shall perhaps be able to appreciate more clearly the interplay of factors that operate to produce maladjustment in the life of the child. The cases to be presented have been selected with a view to illustrating a variety of problems, and also for the purpose of showing how many different causes may underlie similar types of maladjustment. It cannot be too frequently emphasized that every problem child is an individual case, and that we cannot generalize as to the cause of his difficulties, but must work out the etiology anew in each instance. Our cases are also chosen with a view to giving some faint picture of the complicated processes of treatment that must be undertaken if we hope to adjust the child. This involves not only medical and psychiatric treatment for his physical and mental ills, but also the manipulation of the home situation, modification of the school curriculum, and alteration of such other aspects of the environment as have contributed their quota to his maladjustment.

Although the cases that we present have been selected with these points in mind, they are nevertheless typical examples of problem children. They illustrate those cases of maladjusted childhood which are found every day in the home and in the school, and which through parents or teachers at last find their way to the clinic.

---

[1] *Speech Training for Children*, by Margaret Gray Blanton and Smiley Blanton, M.D. New York: The Century Company, 1919.

[2] "Some Conclusions from the Last Five Years' Work at the National Hospital for Speech Disorders", by J. S. Greene, M.D. *Boston Medical and Surgical Journal*, Vol. 189, pp. 57–62, July 12, 1923.

We are apt to think of retardation in school as associated with marked intellectual dullness or mental defect. In actual practice, we find that many other factors may enter into the picture. Physical condition, emotional attitudes, interests and inclinations, and many other circumstances must all be given due consideration in our attempt to understand the reasons for the child's backwardness in school. Our first three cases will illustrate this point.[1]

Case 1.—A colored boy of fifteen years was referred to the clinic by his teacher on account of his retardation and apparent stupidity in the classroom. He had repeated several grades, and at the time of reference for study was only in the low sixth. He was reported to be doing poor work in that grade.

The psychological examination was of little assistance in revealing a cause for the boy's difficulties. On the Stanford-Binet his mental age was fourteen and one-half years, and the I.Q. was 94, a rating distinctly above the average for the colored race. His memory, comprehension, and reasoning ability were good, and his ideation was fairly rapid. Although he was graded three years below the average for his age, he was placed two years below his intellectual level. In spite of his poor school record, he was able to do sixth-grade work on educational tests. All the indications were to the effect that he was not putting forth sufficient effort in school to do the work of which he was mentally capable.

The social history also threw little light on the problem. The boy's parents were intelligent, exceedingly fond of him, and provided an excellent home.

The physical examination was more fertile of results. It revealed clinical signs of glandular imbalance: the boy was nearly six feet tall, had large hands and feet, gave a history of headaches, and so forth, all of which are symptoms of hyperpituitarism. Otherwise the physical examination was practically negative.

During the psychiatric examination, the boy revealed several sources of mental irritation. He admitted that he was not interested in his school work, but that he spent most of his time absorbed in planning or constructing mechanical contrivances. All his reading was along this line, and he was anxious to study in this field. (Incidentally, it should be mentioned that he had shown superior ability on the Stenquist mechanical-assembly test.) However, he believed that his father did not sympathize with these interests and ambitions, and was very unhappy on this account.

The underlying causes of this boy's poor school progress were thus twofold: there was a definite physical basis in the headaches and lack of energy resulting from the pituitary disturbance, and his loss of interest in school because of his other preoccupations was also a factor.

---

[1] The following case reports are very brief excerpts from our complete case records, only the essential points having been selected.

Adjustment in this case was made fairly easy because the parents were so coöperative and anxious to aid in carrying out the suggestions made after clinical study. They immediately took him to a physician for treatment for the pituitary condition, and he was placed on pituitary and thyroid. After a period of medication, his physical symptoms began to clear up, and he became more energetic and had less frequent headaches. At the beginning of the ensuing school year, he was sent to an industrial school, where he could receive trade training as well as further instruction in academic subjects. Three months after entering this school—and six months after the initial examination—the boy was seen in his new environment. He said that he was very happy there, and that he had only had two attacks of headache within three months' time. His teachers at the school reported that he was doing well in his academic subjects, and he was beginning to take up a course in electrical work which was along the line of his absorbing interests.

Case 2.—An attractive, likable child of seven years and seven months was sent to the clinic because he was unable to do the work of his class (high second), and demotion was being considered. He was particularly poor in reading, and had not even learned to tell the letters of the various words. The teacher suspected that he was mentally defective.

The physical examination was negative except that a slight defect of vision was discovered. The psychological examination showed that the boy was of average intelligence. His mental age by the Stanford-Binet was seven years, four months, and his I.Q. 96. His ideation was rapid and he grasped instructions readily.

The boy was an only child, and according to the social history had few playmates. He was somewhat indulged and spoiled at home, and even strangers made much of him on account of his exceptionally attractive personal appearance. He was always a central figure in the children's entertainments at his church, and had been generally petted. In talking with him, the ill effects of this overindulgence became still more apparent. He admitted that he had no playmates at school, saying that he could not get along with the other children because they were "too rough". In school, instead of concentrating on his studies, he was apt to sit and daydream about play.

The chief cause of this boy's maladjustment in school was all that is implied in the situation of being an only child. His energies were too much drained by the effort to adjust to the group and in wish-fulfilment fantasies concerning the play life which he was denied by his inability to get along with other children.

The boy's parents were much relieved to learn that he was normal intellectually, and his grandmother readily agreed to give him daily tutoring in reading and spelling. His mother promised to find a means of providing him with normal play with other children, and to relieve the "only child" handicap as far as possible. Up to date, he has responded well to this treatment. His teacher, having been assured that he is an average child, is willing to take more pains with him, and demotion is no longer considered for him.

Case 3.—A third boy referred on account of retardation in school, but found to be of average intelligence, was a child of eight and a half, in excellent physical condition. He was an outstanding personality problem—markedly hyperactive and emotional. He was constantly on the go, his movements were rapid, he was continually in mischief, talkative, flighty in his conversation (jumping from one subject to another), inattentive, careless, easily discouraged, pugnacious, and so forth. His mental age by the Stanford-Binet was seven years, six months, and his I.Q. 89. His poor school rating was due to his inattention and restlessness and his inability to put forth sustained effort along any one line. He was particularly poor in arithmetic.

The boy's personality difficulties were a direct reaction to his pathological home environment. His father was excessively alcoholic, and the mother was forced to support herself and the children. She was constantly on the verge of securing a separation from her husband, but never quite reached the point of actually doing so. She was as nervous and easily upset as the child himself. Because she could not depend upon her husband for affection and sympathy, the mother turned to her son for the sympathy that she should have received from his father. He was asked to share her nightly vigils, and she told how he would lie in bed at her side and scream with fear when the footstep of his intoxicated father was heard upon the stair. By thus making the boy share emotions which no child should be forced to feel, the mother was warping his personality away from all semblance to the normal.

In spite of her unwise treatment of the child, his mother was overfond of him, compensating for her starved emotional life to some extent by lavishing her affection on him. She was willing to coöperate to the best of her ability in putting into effect the advice she was given as to handling the child, and promised to have him sleep alone and to guard him from her own emotional problems. In school, he was placed in a small class consisting of eleven pupils who, although of normal intelligence, needed intensive individual instruction. The teacher of this "opportunity" class was to tutor him in the subjects in which he was backward, notably arithmetic, and was also to work with him to help him overcome his personality defects and aid him in the formation of habits of concentration. At the end of three months in this type of class she reported that the boy showed marked improvement both as to scholarship and personality traits, and was sure that he would be ready for restoration to the regular grades by the end of the term.

Just as retardation in school may be the outcome of many different forces, so conduct disorders of all sorts have their roots in various conditions. Lying, stealing, truancy, and all the other sins of childhood may represent the poor judgment and suggestibility of the mental defective, be the overt expression of an inner emotional conflict, or the like. Our next three cases describe three different motivations for misconduct.

Case 4.—A boy of thirteen and a half was referred to the clinic on account of retardation in school and behavior difficulties. He was a marked disciplinary problem in the classroom, and had got into trouble outside of school because of petty stealing. He had pilfered apples, eggs, and so forth, and had finally stolen $6. For this last offense he was taken to court. He had also been expelled from school.

The physical examination showed undernourishment, enlargement of the thyroid gland; decayed teeth, and slightly enlarged tonsils. Otherwise, it was negative. Mentally, the boy was evidently defective. His mental age by the Stanford-Binet was eight and a half years and his I.Q. 63. His memory, reasoning, and judgment were inadequate, and he was very suggestible and easily led. Although he had been in school seven or eight years, he had reached only the third grade, and could not do even the work of that class satisfactorily. He was not frank, did not seem to realize the seriousness of his misconduct, and denied it.

The social history revealed that this boy came of illiterate and undoubtedly feebleminded stock. The economic circumstances of the family were straitened, the discipline in the home was lenient, and the moral standards lax.

The causative factors in the case were enumerated as follows: mental defect and hypersuggestibility, rendering the boy open to bad influences; poor home conditions; bad heredity; misplacement in school, resulting in truancy and other misconduct.

The findings and recommendations were presented to the judge, who permitted the clinic to institute adjustment work through the agency of the visiting teacher. The father refunded the stolen $6. The family moved to another town, where the school system offered an opportunity for special-class instruction. The visiting teacher supervised the boy personally for a time. He became happy and interested in the manual work of the special class, and there have been no further reports of misconduct in the eight months that have elapsed since his examination. The findings in the physical examination were reported to the school nurse, who has taken over the task of correcting the boy's physical defects.

Case 5.—An excited Italian father brought to the clinic his nine-year-old son, saying that he was in despair over the boy's conduct. The child had recently begun to stay away from home late at night and had even stayed out all night on one or two occasions. He had stolen $10 from his aunt and had attempted to rob the cash box on a bus. For the latter offense he had been arrested and taken to court, but was let off with a reprimand from the judge.

The boy himself was an alert, attractive youngster, with big brown eyes and an engaging smile. The physical examination was practically negative. The psychological examination gave the boy a mental age of eight and a half years on the Stanford-Binet, and an I.Q. of 93. The boy's memory, comprehension, and judgment were good, and his school achievement was satisfactory. He was somewhat hyperactive and emotional in personality make-up; he was described as restless, very active, impatient, subject to occasional outbursts of temper, easily frightened and upset, and with a tendency to stutter or cry when frightened.

The home was a comfortable one, with only two children—the boy and his older sister. The parents were very fond of the children, and anxious to give them all educational advantages. The discipline was somewhat inconsistent, since the boy was harshly treated by the father, and the mother was over-lenient in an attempt to make up for the father's severity. The sister was constantly praised and contrasted with the boy, which was also an unfortunate situation. The boy's play life was not supervised by either parent.

The boy's own story was illuminating. He was entirely frank in discussing his feelings and behavior. He admitted that he disliked his sister, and that some of his dreams centered around her, although he could not recall the details of these. He was ambitious to equal her record in school. From some of his companions, the boy had learned "bad" sex words and witnessed their sex play with girls. At the same time that they had thus initiated him into sex matters, they had boasted of their other exploits—incidentally, of how they had robbed a bus cash register.

The boy thought of all these things a great deal. It was significant that while he readily admitted the facts about his thefts and staying away from home, he was embarrassed in discussing sex matters and reluctant to admit his knowledge along this line. There was, in fact, every indication of the classic emotional conflict described by Healy[1] in so many of his cases. Receiving suggestions to stealing and to sex misconduct from the same source, he resisted the latter, but the repressions and conflicts centering around this restraint rendered him more susceptible to the former. His stealing was over-determined in a sense, since the reinforcing motive of a desire for toys entered into the picture. With the stolen $10 he had purchased an express wagon.

The causative factors in this case were as follows: suggestions to stealing and to sex delinquency from older boys, which resulted in repressions and emotional conflicts associated with the latter and misbehavior along other lines. Inadequate supervision and inconsistent parental control, combined with a lack of proper recreational opportunities, were also factors.

In view of this boy's good mentality and the recency of his misconduct, which implied that it was not yet deeply ingrained in habit, we felt that the outlook was favorable. Nevertheless, adjustment has not been so easy as one might expect, and at the end of eight weeks a casual onlooker might say that little progress had been made with the case, despite the efforts of the clinic staff. The parents were told of the clinic findings and given advice as to how to handle the child, but repeated visits of the psychiatric social worker have been necessary in order to help them readjust their attitudes. In reality what she is doing is attempting to bridge the gap between a foreign-born generation and an American-born one—a difficult task at best, but doubly so in this instance. Not only has she the task of inducing the father to modify a harsh and rigid method of discipline, but she must also bring the mother, who up to this time has been more or less a negligible figure in the family, into the foreground and use her influence in the rehabilitation of the child. Such things, involving as they do the overthrowing of a lifetime of traditions, cannot be done in a moment.

---

[1] See *Mental Conflicts and Misconduct*, by William Healy, M.D. Boston: Little, Brown, and Company, 1917; also *The Individual Delinquent*, by Healy. Boston: Little, Brown, and Company, 1915.

The boy's teacher has coöperated with the clinic, encouraging him by praising his school work and returning the toys which she had confiscated while he was playing with them at school. The boy himself has been quite happy to report to the clinic once a week in order to tell for himself what he has been doing and to receive direct encouragement and sympathetic advice. In spite of this coöperative attitude on the part of all concerned in the case, there have been several lapses in the way of staying out late at night, and one flagrant stealing episode (which fortunately was immediately atoned for by restoration of the stolen article). There have been other inclinations to steal, which have been repressed so far as overt activities are concerned, but which have found expression in wish-fulfilment dreams. The present Christmas season, with the temptations displayed in every store window, undoubtedly makes an abnormal demand on the boy's self-control, particularly since Christmas giving has not been customary in his home and previous experience has taught him to expect only a barren celebration, when his heart longs for all sorts of toys. He is particularly hopeless because his faith in Santa Claus has just been destroyed, and he sees no higher power than his father to whom he can make his Christmas appeal.

There are many plans yet to be put into effect for the welfare of the boy. The making of a surprisingly happy Christmas, possibly the change to another school where he can start with a clean slate and not be put under the third degree by his playmates every time anything disappears from the classroom, the provision of some form of supervised recreation, and the like, are still to be effected in the immediate future.

One of the striking features of this case is the easy discouragement of the parents and teachers. There is a tendency to expect immediate reformation once a child has received clinical examination, and there is all too little realization of the long and complicated process of changing a set of habitual reactions and substituting more desirable ones.

Case 6.—On account of "incorrigibility in school" we were asked to examine a boy of thirteen and a half. He was also repeating his grade and was not doing satisfactory work.

The physical examination was practically negative except for a slight defect of vision. Mentally, the boy appeared to be of average intelligence, making a mental age on the Stanford-Binet of twelve years, ten months and an I.Q. of 95. Although anxious to make a good showing on the examination, he was careless and impatient and did not hesitate to try to cheat in order to make a good rating. On educational tests, in spite of his poor school reports, he was able to do the work of his grade in all subjects except spelling. His memory, reasoning, and learning ability were good when he could be induced to concentrate.

The boy's chief difficulty lay in an emotional attitude toward his school situation. Feeling that he had been required to repeat the grade unfairly, he had become resentful toward the principal of the school, and insisted that he would not behave until permitted to go into the next grade, and that he would not make any attempt to do the work of his class. His antagonism to the authority of the principal was reinforced by the attitude of rebellion which he had for some time felt toward his father, who was rather brutal in his punishments, and which had become an habitual form of response to authority. On their side, the teachers in the school were determined that the boy should not be promoted until he yielded to authority, did the work of his grade, and behaved properly in the classroom.

In this deadlock, our only recourse was to appeal to the boy's own judgment. We pointed out to him that he could not hope to win out against such an organized social group as the school, and that he should realize that he was simply building up in his personality habits of response which would handicap him materially later on in life. We tried to make him feel that he was only playing into the hands of the hated principal in permitting him to go on believing that the boy was not capable of doing the work of his grade when the clinic examination showed that he could do this work when he tried.

The boy was impressed with our line of reasoning, and had we been able to keep in constant contact with him and encourage him, it is possible that he might have made a satisfactory adjustment in spite of the suspicious attitude of his teachers. As it was, the clinic work was transferred to another school system for the rest of the year, and close touch with the boy was temporarily lost. At the beginning of the next school year, when the clinic reopened in that locality, the boy was again referred on account of his behavior. Much to our surprise, he was now repeating the seventh grade for the *third* time. Our psychological examination confirmed the results of tests made four months previously. We once more attempted to convince the teachers that a trial in the low-eighth grade would do much to remove their difficulties with the boy, but they felt that such a promotion would not be in harmony with their discipline and would cause the boy to feel that he had accomplished his threat and forced them to promote him.

The boy is still coming to the clinic to consult with us frequently, and although he is impressed with our argument that he is only injuring himself, when he gets back into the hostile atmosphere of the school, his old habits of response prove stronger than his new resolutions. Could we transfer him to another school, we might solve the situation, but unfortunately there is no other school which has an eighth grade in that community. His father sent the boy to another state to live with an aunt, but although he was getting along well in school there, after a month he returned, as he was too homesick to stay longer. At the present time, after seven months' work with this boy, we have to admit that we have accomplished practically nothing as to adjustment. We can hardly censure the school for its authoritative attitude, for it represents a natural human reaction. Yet out of the situation delinquent tendencies are being bred into a child who is intelligent enough and who would be good enough under less stressful circumstances.

Case 6 illustrated the difficulty of adjusting the child when the school fails to understand the clinic's point of view and does not fully coöperate in carrying out suggestions. It is still more impossible to help the child when the home refuses its assistance, as in the case that follows.

Case 7.—A girl of twelve and a half, of superior intelligence (I.Q. by Stanford-Binet 125), was referred to the clinic because of marked personality and behavior abnormalities. There was a history of lying and stealing, and the girl was accredited with being a budding medium. She had often stolen small sums of money to buy articles for her personal adornment. She was constantly telling extravagant and romantic tales of which she was the heroine. She talked of receiving communications from her dead parents, and was encouraged by her aunt, who was convinced that the child had mediumistic powers.

The girl came of cultured, but nervously unstable stock, and there was undoubtedly an hereditary basis for her psychopathic traits. She had brooded over her father's suicide, and had longed for the affection of which she had been deprived by his death and the death of her mother. Out of this situation, as a wish-fulfilment, began her spiritualistic communications. Through visions of her dead parents and communion with them, she was able to satisfy her craving for parental love. Beginning as dreams and daydreams, these fantasies, under the encouragement of her superstitious aunt, became indistinguishable from reality in the child's mind. Moreover, by reporting these spirit messages, she could often induce the aunt to gratify some of her desires which otherwise would have been denied. To cite an example, one day the girl asked for a pair of sport shoes which the aunt refused to give her; next day, the child announced that her mother had said she was to have the shoes, whereupon her aunt yielded.

The same craving for attention which inspired her spiritualistic visions formed the root of the girl's pathological lying, while the adolescent desire for adornments motivated her stealing, just as it did the message referred to above.

When the psychiatrist began the work of analysis, in order to lead the girl back through the maze of fantasy which she had fabricated out of desire and dream, the aunt became very angry. She insisted that the girl had a Heaven-sent gift of mediumship, and that she must be permitted to develop her spiritualistic powers. She gave orders that her niece was not to visit the clinic, nor would she permit any of the members of the clinic staff to come to her house. After six months of untiring effort on the part of the psychiatrist, the psychiatric social worker, the visiting teacher, and the school nurse, the aunt was still obdurate, and not even the beginnings of flagrant misconduct in her niece could make her change her decision.

It is perhaps more significant to consider these last two cases, in which up to date all our attempts at treatment have been frustrated, than to present a series of cases which have been completely successful. Too often, the clinic is popularly considered to bear the whole burden of treatment, and the home and school tend to believe that the problem is solved once it has been placed in the hands of the clinic. The sooner the erroneousness of this conception is brought home to the parent and teacher, the better chance will there be of adjusting the problem child. There is no hope for success in any plan of therapy unless the home and school are willing to do their share. It is this fact that must be brought home to the community before we can hope to see our ideals for the adjustment of the problem child adequately realized.

Within recent years, the pedagogical system, becoming cognizant of its responsibilities to the child as an individual with varying needs, has modified its old-time rigidity. This change in point of view has resulted in two great innovations in the field of education: school medical inspection and the utilization of psychological and educational tests. The former reveals sensory and physical defects that need correction; the latter assists in the proper grading of the child and in the estimation whether he is making full use of his abilities. On the basis of the information afforded by the psychological and educational tests, the child is placed in a slow, medium, or rapidly learning group. The defective child, who is incapable of profiting by regular academic instruction, is provided with special classes equipped to furnish him with the manual training that is within the range of his accomplishment. Vocational classes and trade schools bridge the gap that once existed between the completion of grammar school and the entrance upon some skilled occupation. The physical needs of the child are cared for by physical training, nutrition, orthopedic, and open-air classes, and the like. Some schools offer special tutoring classes for the child who is backward in one or more subjects.

In spite of all the innovations, however, such aspects of the child's life as personality traits, emotional reactions and attitudes, habits of behavior, have for the most part been ignored or commented upon only when they become so abnormal as to force themselves on the attention of the teacher. Moreover, the effect of the child's home and play life upon his school adjustment has been given far too little consideration, although some attention has been focused upon these factors recently through the function of the visiting teacher, who is in a sense a link between the home and the school. Yet the effect of the personalities with whom the child comes into contact in the family and in his playtime companions have a far-reaching influence upon habits and attitudes which may interfere markedly with his school progress. For example, the child's defiance of the authority of his parents may be carried over into his attitude toward his teacher; or parents may know only the child's side of the story and encourage him to excuse himself by putting the blame on a teacher who is really doing her best for him; or bad habits acquired from members of his gang may interfere with classroom adjustments. There are innumerable factors in the environment external to the school that may determine the child's reactions there.

In actual practice, in addition to the information as to the child's physical and mental condition that is furnished by the medical and psychological examinations, the teacher needs to know the heredity and the early developmental history of the child, and the conditions under which he is living. The teacher should know also the attitudes, the emotional conflicts, and the interests of the child, for these, too, have a direct bearing upon his reactions to the school situation. But in order to make use of this information for the welfare of the child, we must have teachers trained in the fundamental principles of child psychology, so that they will comprehend the meaning of the facts at their disposal. They must also be informed in the essentials of mental hygiene, so that they will realize the significance of situations that superficially may seem unimportant, but that are really vital in their possibilities for warping the child's mental and emotional life. The normal school or college that fails to make child psychology and mental hygiene basic subjects in its curriculum for prospective teachers is doing a radical injustice to childhood.

If the statistical data and case studies that we have presented from our clinical material lead to any generalization, it is that the child should be considered from every point of view—physical, mental, and social. It is necessary to have the facts in all these fields in order to obtain a complete picture of the child and his potentialities, and to map out an adequate plan of therapy for the maladjusted child. It is not too great a stretch of the imagination to believe that some day every child, before entering school, will be given the complete study that is now most commonly accorded to dullards, defectives, and delinquents. The child with average or superior mentality may be maladjusted so far as his personality and emotional attitudes are concerned, and although he may not be a striking problem from the lay point of view, his personal happiness and social efficiency might be immeasurably increased could he be given the benefit of expert study and advice. It is of supreme importance that we recognize in the simple, everyday phases of childhood incipient symptoms that, if left unchecked, may lead to more serious difficulties later on. Abnormal fears and complexes, attitudes of inferiority or superiority, feelings of anxiety and apprehension or other minor personality defects, over-attachment or antagonism to the parents, and the like, all exist in the child's mind long before they find an expression in overt behavior of sufficient intensity to attract the attention of the parent or teacher. Yet the clinical study of the child would enable us not only to discover these conditions, but also to formulate and assist in carrying out plans for the nervous and mental reëducation necessary for their correction. Such a method would undoubtedly be a significant step forward in the field of mental hygiene, for it would enable us to attempt the correction of faulty mental habits and the improvement of environmental conditions, and the like, before the child's life has been warped so far from the normal that restoration has become exceedingly difficult and uncertain.

SUMMARY

1. The ratio of white to colored children and of children of American-born parents to those of foreign-born parents was approximately the same in our group of problem children and in the control group.

2. Almost twice as many boys as girls were found in the problem group.

3. Relatively about five times as many of the problem group as of the control group were diagnosed as mentally defective.

4. Relatively about twice as many problem children had speech defects.

5. Approximately three times as many children with marked physical defects were found in the problem as in the control group.

6. Also about three times as many in the problem group had personality difficulties.

7. Six times as many of the problem children showed conduct disorders.

8. There were relatively twice as many cases of endocrine disturbance in the problem group.

9. Practically the same percentage of children in the two groups had an I.Q. between 80 and 89; below this range, the lower the I.Q., the greater the percentage in the problem group as compared with the control group; above this range, the higher the I.Q., the smaller the percentage in the problem group.

10. There were two and a half times as many mentally retarded and defective children in the problem group (four times as many with an I.Q. below 70), and less than one-half as many of average or superior intelligence in the problem as in the control group.

11. The age-grade retardation was more marked in the problem group, but there was little age-grade acceleration in this group.

12. Relatively two and one-half times as many of the problem children as of the control group were graded above their intellectual level.

13. As the misgrading progressed from one to four years, the number in the problem group became much greater in comparison with that in the control group, until there were four times as many graded two years above their mental ability, and seven times as many graded three years above.

14. The fact that mental retardation and mental defect, speech defects, physical ills, personality difficulties, endocrine disturbance, and misgrading in school occurred with so much greater frequency in the problem than in the control group would suggest that they are important factors in maladjustment. An analysis of 250 problem cases with reference to causative factors substantiated this belief.

15. In the 250 problem cases, bad home conditions, personality difficulties, poor heredity, poor physical condition, mental retardation, and mental defect were most frequently listed, in the order given, as causative factors.

16. Endocrine disturbances, early illnesses, bad companions, irregular attendance and frequent changes of school, and

emotional conflicts were the group of factors that appeared with the next greatest frequency.

17. Approximately six out of every ten children who showed personality difficulties displayed these traits in the home, the school, and the clinic, and eight out of ten showed difficulties in at least two of these three situations.

18. The study of individual cases shows that the same problem can be the outcome of various underlying causes.

19. School retardation is shown by individual case studies to be the result of other factors as well as intellectual dullness or mental defect.

20. Case studies bring out the complicated nature of the necessary treatment, which must be medical, psychiatric, social, pedagogical, and vocational.

21. Adjustment of the problem child is usually impossible when home and school fail to give intelligent coöperation in carrying out the plan of therapy.

22. The school needs social and psychiatric studies of its pupils as well as the medical and psychological examinations that are now in vogue.

23. In order that the school may appreciate the significance of this information and understand the need of following out plans for adjustment based upon it, the teachers must know the fundamental principles of mental hygiene. This subject should therefore be an intrinsic part of normal school and college curricula.

24. Before entering school, all children should have the benefit of a thorough clinical examination, that incipient difficulties may be detected and later maladjustments prevented.

THE GROWTH OF PSYCHOTHERAPY AND THE EVOLUTION OF PSYCHOANALYSIS

ALBERT POLON, M.D.
New York City

IN these days of startling innovations in so many branches of human endeavor, which are awaiting the verdict of time, it is perhaps pertinent to underscore the fact that psychotherapy rightly lays claim to a very ancient origin, dating back to the dawn of civilization.

Not unlike religion, it represents one of the most universal products of the human mind. On all levels of culture, at all times and amongst all peoples, it is found to play an important rôle in alleviating suffering.

For primitive man, it represented practically the whole of his therapeutic armamentarium, based upon the notion that disease is an invasion of the body by some malevolent spirit, which accordingly must be driven out by spiritual means, such as magic or religious procedure.

In antiquity it came to be separated from actual treatment by being accorded a place as a preparation or as a stage preliminary to the application of medical measures. It was after one had propitiated the divinity that one could hope for relief. This character it retained throughout medieval times, when religious faith was regarded as indispensable for the efficacy of surgical and medical measures.

The early part of the modern epoch (sixteenth century) was marked by an ever-increasing recognition of the importance of the imagination in curative procedures. The emphasis, however, was laid upon the special powers of the therapist, from whom presumably the therapeutic influence emanated. Paracelsus named this healing force personal magnetism, adopting this term from the science of magnetics, probably because of the readiness with which the phenomena of magnetism lent themselves to purposes of suggestion. This concept of animal magnetism served as the basis of the hypothesis of "mesmerism" as advanced by Anton Mesmer (1734-1815). The work of Mesmer was a curious mixture of remarkable psychotherapeutic acumen and charlatanism. The latter tended to repel the scientific world, and much of the valuable data discovered by him, such as the phenomena of hypnotism, were not utilized for many subsequent decades.

The growth of modern medicine during the first three-quarters of the nineteenth century is remarkable for the consistent contempt in which psychotherapy was held by the scientific investigator. It clearly was an over-compensation reaction to the sway of mysticism and supernaturalism, which permeated all efforts at influence by way of the mind. For this reason psychotherapy was relegated to illegitimate practitioners, quacks, cult followers, and the like.

It is hardly necessary to state that even to this day the psychotherapeutist is regarded with suspicion. The prevalent contemporary tradition is that all disease manifestations are the expression of disturbances only in the somatic structure of the organism. The clue to the cure must, therefore, lie in that direction. Any deviation from this course tends to revive the old horror of the investigator for matters psychological.

This attitude is maintained in spite of the fact that the doctor, in his daily experience, is confronted by the startling effects of the influences exerted upon the mind of the patient. He observes time and again that the smoothness of a course of treatment is in large measure determined by the patient's feeling of confidence and reliance upon the prowess and wisdom of his physician. In functional affections, he sees repeatedly that a remedy successful in the hands of one practitioner fails in those of another, although administered in exactly the same way. Not infrequently he has to swallow the bitter pill of chagrin upon learning that an obstinate functional conversion symptom that resisted all his scientific measures has melted away before some cult ritual or the grotesque manipulations of a chiropractor. In all these phenomena the physician with modern training ought to read a severe indictment of a certain deficiency in his equipment for relieving suffering and bringing about a cure.

This is not an appropriate occasion for epistemological discussions. Nevertheless, it should be mentioned that the investigator of our time, in running away from the spook of mysticism of olden times, has rushed into another—namely, the exclusively somatic approach. It is just as unscientific to refuse to reckon with phenomena simply because they do not fit into the formulation of a dominant theory as it is to be blind to physical factors in order to conserve a religious dogma, even though the name science is frequently associated with it. The describing of data, of whatever nature they be, and the correlating and formulating of them, must ever be the only test of a true scientific procedure. The application, toward the attainment of definite objectives, of the principles thus established constitutes an applied science. In this sense, the whole of medicine is an applied science.

It is in this sense that psychotherapy also is a scientific procedure. As such, it is a comparatively recent arrival amongst the medical branches. It is generally conceded that the beginning of scientific psychotherapy was marked by Charcot's application of hypnotism to the removal, as well as to the production, of hysterical phenomena. His discovery that the pathogenic idea is the underlying basis of hysteria, removable by way of inculcating other ideas, represents an epoch-making event, laying the foundation for the psychological approach to functional nervous diseases, as regards their therapy as well as their etiology and nature.

This eminent investigator, undaunted by the odium that hung about hysteria, dealt with it as he did with other clinical material. He minutely described all the protean phenomena of this enigmatic affliction. But when he attempted to correlate them with a definite tissue change, he was forced to abandon the beaten path of anatomic pathology and found it necessary to formulate the problem in psychological terms of the pathogenic idea. Even he, however, could not escape the influence of the prevailing notion that there must be a somatic substratum. To account for hypnotism, he postulated the conception that hysteria, like organic disease entities, represented some obscure deficiency of the brain structure on a hereditary basis, not unlike the other entities of his *"famille neuropathique"*.

This conception of functional nervous disease as an expression of a heritage of the inexorable past embraced under the term degeneracy dominates French psychiatry to this day. Among Charcot's noted pupils, Pierre Janet elaborated this idea essentially from the point of view of the study of the mechanisms of the pathogenic idea, with the fruitful result of establishing the mechanism of dissociation of the personality. However, further progress was blocked as regards therapy as well as in the way of obtaining further insight into the genesis of the functional phenomenon. The old somatic notion that all is reducible to a defective state of the brain hung like a shadow over the investigation and obscured the vision of the dynamic nature of the process of dissociation. Dissociation of the personality was established, but the whys and the whatfores, perhaps the most important side of the problem for reasons of therapy, were reserved for other workers to uncover. Nevertheless, Charcot's work represents a momentous step in scientific psychotherapy. It marks the pioneer effort to study and treat mental disturbance purely by psychological means.

The next notable advance was made by the Nancy school of psychotherapy, especially under Bernheim. Bernheim was the first to throw light upon the nature of the hypnotic phenomenon. Finding that post-hypnotic amnesia can be overcome after much insistence in the normal state, and that waking suggestion is just as effective in bringing about therapeutic results as that of deep hypnosis, he arrived at the conclusion that the whole phenomenon of mind influence is entirely the result of suggestion. Suggestibility, the tendency of the human to accept and to believe assertions of other persons because of a regard for them, the very quality that underlies educability, is the means by which mind influence is disseminated, be it in the form of a precept or in that of a hypnotic command. Simple as this explanation appears to us now, at the time of its advancement it represented a tremendous innovation. It was the first attempt to account for the hypnotic phenomenon, as well as for the therapy of the functional symptoms, on a purely psychological basis.

About the time that Charcot began to devote his attention to the study of hysteria, in the year 1881, a Viennese physician, Joseph Breuer, was making interesting observations on a case, rich in a great variety of mental and bodily hysterical symptoms, known in literature as the case of Fräulein Anna. This case presented the important feature that whereas the girl was hypnotizable, she was not amenable to suggestion alone, in so far as the removal of her symptoms was concerned. In addition to the somnambulistic state induced, it was also necessary to allow her to dwell on the experience at which a given symptom made its first appearance. The value of hypnosis could be utilized in her only for the purpose of overcoming the amnesia that concealed the genesis of her hysterical manifestations. In the work expended to revive in memory the initial origin of the morbid manifestation, the girl frequently went through intense emotional excitement, as if she were reliving the experience. Upon a thorough recollection, accompanied by affective display, of such events as lay in a causal relationship to the symptom, the symptom was found to abate and that directly in proportion as the etiological occurrences were completely recalled. Breuer also found, on the one hand, that every event that was the starting point of a symptom formation was characterized by a distinct traumatic element, such as insult, self-reproach, or the like, and, on the other, that at the time when this event occurred, the patient failed to show an adequate reaction, such as motorial activity or verbal response or even an emotional flare-up as in anger; in other words, as we should say to-day, the reaction was repressed. In that state of submergence, buried in oblivion, it was capable of producing the morbid phenomena. The hypnosis, having overcome the forgetfulness, would thus create the opportunity for the release of whatever emotional response was formerly suspended.

Even to this day, as one reads the account of this case, one is greatly impressed by the importance of this contribution. It established the following facts: (1) that the morphology of every hysterical symptom was not the pell-mell creation of an anarchic state of mind, but that it was definitely related in its every detail to special events in the patient's life—in other words, it was precisely determined; (2) that the occurrence that engendered the morbid phenomenon was always in some way significant to the patient—it was injurious, it constituted a trauma; (3) that its quality of producing the untoward effects depended, on the one hand, upon the fact that it was not accompanied by an adequate reaction, and, on the other, upon the fact that it was relegated to oblivion—that is, the patient became unconscious of it; (4) that the psychotherapeutic effect of hypnosis and suggestion could be attained only after the pathogenic memory was revived and in the revival abreacted—*i.e.*, discharged by way of an emotional or motorial activity, which was inhibited at the time of its provocation. The procedure that aimed at cleaning out the pathogenic mental process bore the name of emotional catharsis.

The report of this case, however, was not published until ten years later—that is, about 1893. It awaited coöperation and further experimentation with the method by Sigmund Freud, who shortly before that date returned from Paris and Nancy, where he had been a pupil of Charcot and Bernheim respectively.

At the hands of Freud, the procedure of emotional catharsis has led to a deeper penetration into the nature of the hysterical phenomenon in that consistently, in a large number of cases, it has revealed that the traumatic event that engendered the neurosis was sexual, varying in degree from gross assaults to disappointments in love. Not only that; a thorough analysis was able to uncover, in cases of so-called idiopathic hysteria as distinguished from the traumatic of Charcot, that they also are the expression of persistent upsets in the sexual sphere, and that the so-called hypnoidal state conducive to the receptivity of the trauma is not a condition *sui generis* or dependent upon congenital anomaly of the brain, but that it is an unsettled, un-abreacted sexual experience. An experience tends to become an unsettled one—that is, one to which the subject cannot react fully—in proportion as it evokes contrasting attitudes or emotions, as, for example, when the desire to do a thing is counterbalanced by a reluctance to do it for reasons of morality. In such a state there takes place an active conflict between opposing impulses, which is experienced as a discomfort, reaching time and again the degree of severe pain, so long as consciousness has to deal with it. To rid itself of the pain, consciousness, not being able to overcome either of the contending factors, follows the ostrich's behavior in danger—it regards the whole situation as nonexistent; that is, it sinks it below the level of awareness; in other words, it represses it. Thereby the pain is eliminated, but the repressed material, made up as it is of the vital needs of the organism, continues as an unconscious conflict, expressing itself in the hysterical symptom. The latter is thus a product of the defense process of repression; it is the substitute that emerges after a flight from reality. The hysterical symptom itself was found to be made up of two fundamental components: (1) the inhibited striving, and (2) the inhibiting factor as expressed in self-punishment. In other words, the symptom symbolized in a condensed form the two contending elements of the conflict.

This discovery by Freud that the hysterical symptom has the function of a defense reaction, brought about through repression in order to eliminate painful elements from consciousness, threw a flood of light on the whole problem of functional disturbance and brought mental disease under the general conception of the nature of pathological processes—namely, that mental aberration, not unlike the inflammatory phenomenon, is a restitutive reaction, in itself undesirable, but indispensable to relieve, to wall off the noxus, the noxious agent in this instance being the traumatic experience. Furthermore, it became clear that the amnesia of the latter was part of this defense, serving, as it were, the same purpose, and need not be reduced to a degenerative anomaly. In other words, it answered the question of the why of dissociation of consciousness as formulated by Janet.

At this point of the work, the cathartic method, which consisted in the uncovering of pathogenic memories in the state of hypnosis, useful as it might be in certain cases, began to show a definite inadequacy. The difficulty manifested itself essentially in two directions; in the first place, not every subject lent himself to the required state of hypnosis necessary to overcome the amnesia, and in the second place the induced state of hypnosis, with its resuscitated memories, represented a state dissociated from consciousness and not readily reintegrated with it. It was one thing to recall a pathogenic event through hypnotism, but it was quite another to have the patient incorporate it into his normal mental economy. In the normal state he was still prone to regard the hypnotic product as something strange to his consciousness.

To overcome this obstacle, Freud was compelled to modify the technique of emotional catharsis. He was brilliantly successful in this in evolving the so-called association method. Instead of hypnotizing the subject, the latter was asked to associate for a given symptom, in the waking state. As a means of guidance in evolving this measure, Freud made use of certain experiences that he recalled having had while working with Bernheim in Nancy. A subject would be given a post-hypnotic command, and after having carried it out would be pressed and induced to give the correct reason for his post-hypnotic behavior. After much insistence on the part of Bernheim, the subject would overcome the post-hypnotic amnesia and finally would state that the impelling motive was the hypnotic command. It was clear to Freud that what happened in this case was a fairly laborious piecing together of memory images under the pressure and for the sake of the hypnotist, the subject recalling the forgotten by way of association. From this empiricism, Freud arrived at the conclusion that every spontaneous production of the mind stands in an associational connection with the pathogenic situation underlying the clinical syndrome. This early modification of Breuer's method marked the abandonment of hypnotism by the Viennese school of psychotherapy and laid the foundation for what we now know as the psychoanalytic method.

The results of this innovation were soon telling. A larger number of patients became accessible to this psychotherapy which aimed at the removal of the etiology of the affliction, and the mental material thus obtained began to reveal the mechanisms of the symptom formation and how the formed was retained. The outstanding feature of the data thus obtained was the fact that whereas the patient ostensibly was desirous to rid himself of his ailment, and for this reason came to and coöperated with the physician, he nevertheless maintained an unconscious resistance to the overcoming of the amnesia and to the efforts at restitution. Cure was possible only by way of surrendering the defense position built up to keep out the painful factor of the conflict; the conflict, heretofore remaining unconscious, had to be faced anew in consciousness, which meant suffering; and much of the memory work done by the patient by way of association bore the imprint of this tendency to avoid the revival of conflicts. This unconscious resistance constituted the gravest difficulty in the way of the attainment of the psychotherapeutic objective, which from now on could be stated as twofold: it meant, on the one hand, the overcoming of amnesia and on the other its equivalent, the overcoming of the resistance to getting well.

In this work of overcoming resistances by means of the association method for a given symptom, Freud learned before long that it was decidedly more advantageous not to direct in any way the trends of association on the part of the patient. Instead, he found it empirically to be more productive, and an easier way to get to the pathogenic material, to permit the patient to state freely anything that occurred to him, without bringing to bear upon the emerging thought, feeling, or emotion any critique whatsoever. The original association method for symptoms came thus to be replaced by this new technique of spontaneous association.

The material secured by the adoption of this method presented a number of features sufficiently significant, both for reasons of psychotherapy and for the insight they afforded into the nature of the psychic apparatus, to bring about a new orientation in psychology. Only a few of these features will be mentioned here: 1. The quantity of the data thus obtained was enormous, covering the wide range of the patient's experiences, recent and remote, easily recalled and long forgotten, and numerous phantasies, in which the patient indulged consciously, as well as unconsciously, and in virtue of which his behavior in general and his symptoms in particular were determined. 2. The bulk of these empirical data consisted of the events, experiences, and phantasies of childhood, reaching as far back as the second year of life. 3. The characteristic of conflict between opposing tendencies was found to permeate the whole of the personality, in its present as well as in its historic aspect. The neurotic symptom was discovered to be the product of this conflict and, in the case of hysteria, to embody the contending factors in one condensed manifestation. Thus the symptom was revealed as the symbol of the inner turmoil. Its genesis could be comprehended only after an interpretation of it in the light of the whole historic setting of the patient. 4. It was obvious that behind every thought process of whatever nature there was a motor power derivable from the instinctive or impulsive tendencies of the subject, which in their turn arose from the organic needs of the body. This fact laid the foundation of a dynamic psychology. Each psychic event came to be regarded as having behind it a motive force determined by a causal series and in its turn operating deterministically for subsequent series of events. 5. Only that material was found to operate pathologically of which the patient was completely unaware; his character, as well as his neurosis, had its main determinants in a group of his mental processes that belonged to a special sphere termed the unconscious. This fact compelled the extension of the conception of psychic beyond that of awareness or consciousness, and led to a topical orientation of thought processes. 6. Of the impulsive factors engendering the conflicts and involved in the repression amnesia process, those of the sexual instinct stood out preëminently. The sex instinct was found to have a complex developmental history, beginning as a disorganized group of partial impulses, with somatic counterparts of erogenous zones, and terminating in a hierachy in which the primacy was in the genital zone and in the adult capacity to manifest an object love. The failure to reach the adult type of sexuality led to a persistence of infantile traits, coming to the fore either as neuroses, neurotic character features, or frank perversions. With astounding efficiency, the type of sexuality of the investigated subject served as a criterion of the whole personality. The totality of the sexual energy, whatever its distribution or organization, was termed the libido, to distinguish it from the energy derivable from sources other than the sexual sphere, such as are generally included under the self-preservation or ego instincts. 7. The bulk of the life interest of the patient was found to be consummated only in phantasy and showed the corresponding deficiency in adaptation to reality. This fact, embraced under the term introversion, showed a considerable variation with reference to the nature of the emerging product in behavior. Wherever there was introversion, there was also a regression to infantile levels of development. The quantitative character of a neurosis could be expressed in terms of the amount of life interest introverted, while its qualitative character—that is, the kind of a neurosis it was—could be stated in terms of regression. This led to a new orientation in classifying the neuroses. 8. The qualitative feature of regression was found to be the deciding factor whether a neurosis was amenable to psychotherapy or not. When a subject regressed to a very early infantile level, at which auto-erotism and self-sufficiency or narcissism were the dominating traits, he thereby became inaccessible to treatment, as we see in cases of the so-called narcissistic neuroses. 9. A large number of mental mechanisms were discovered which accounted for the particular morphology of symptoms. 10. And finally the important domain of dream life was drawn into the study of the neuroses. This, amongst other things, tended to do away with the rigidity of the distinction drawn before that time between the normal and the abnormal, demonstrating that the psychopathological and the so-called-normal mind function are subject to the same laws. Apart from the fact that Freud's investigation of dream life stands for the pioneer, and thus far the only significant, effort in the psychological approach to dreams, dream phenomena were found to be the prototypes of the mental processes underlying neuroses; moreover, they proved to be enormously helpful in the obtaining of insight into symptoms and other manifestations of the unconscious.

A consideration of the significance of these facts for the various branches of research applied to psychology, such as psychiatry, pedagogy, criminology, anthropology, religion, and so forth, must be omitted for obvious reasons of space, time, and theme limitation.

In tracing the development of psychotherapy we have arrived at the point where the Freudian technique became that of spontaneous association and where the problem was essentially that of overcoming the resistances of the patient to getting well, to becoming master of his unconscious mental processes.

The next fundamental contribution by Freud relevant to our subject was his discovery that amongst the various resistances operating against the objective of the doctor, there was one that outranked all others. This was the phenomenon of transference. This term is used to connote all the feelings, emotions, and strivings that the patient comes to have toward the therapist, once the treatment has been initiated. In this new emotional relationship, the neurotic clearly repeats affective attitudes that once belonged to other persons, who played an important rôle in his childhood. In other words, the patient reactivates the old pattern of behavior. How does transference come about and why is it a source of resistance?

You recall the principle of spontaneous association: The patient is to say everything that comes to his mind. As he does so, he time and again approaches the very psychic material that he has repressed and because of which he built up the defense system of his symptoms. This material represents unsettled emotional experiences, which up to now have found their outlet in the symptom. As the patient begins to penetrate to this material by way of association, he weakens the defense wall, and the emotional striving, till now anchored in the symptom, becomes liberated and seeks a new point of application. The personality of the physician, being the next possible object, becomes the target of this energy. Every step in the treatment bears the mark of this transposition. And so, little by little, shut-in affects become released and directed away from the symptoms on to the doctor. The result, time and again, reaches grotesque limits. The patient loves and hates and spites and reveres and raves against the therapist. Clearly an abnormal situation. What was before a neurotic ailment becomes replaced now by a new neurosis, which has been aptly called the "transference neurosis". So much for the way in which transference comes about.

But why should it be the great source of resistance? Originally the patient repressed, and therefore became resistant to, the appreciation of the nature of his symptoms. In his new neurosis—the state of transference—he again finds a defense structure which prevents him from seeing the infantile nature of his mental processes; he is sparing himself the hurt element incumbent upon such recognition; and, what is more, he need not seek to apply the neurotically bound energy to the purpose of adjustment to reality.

Only as analysis is capable, step by step, of revealing to the subject the nature of his feelings to the analyst is it possible for the patient to give up his infantile positions. One may, perhaps, put the whole matter this way: All the resistances of the patient are gathered on to the relationship that becomes established between him and his physician. The overcoming of the transference resistances accomplishes the cure.

Thus, transference and the overcoming of resistances is the keynote of scientific psychotherapy.

What about other psychotherapeutic procedures which utilize hypnosis, suggestion, "talking over", as in the method of DuBois, intimidation, and the like? How far can they lay claim to being scientific? Only in so far as they recognize that the methods they use do not tend to remove the causal factors. While they also are phenomena of transference, their obvious purpose is not to abolish repression, but, on the contrary, to increase it. There is no doubt that for a large number of cases they are the best available methods, but one should not regard them as having any greater meaning than the administration of a placebo.

The great expenditure of time, money, and energy involved in a psychoanalysis must limit the applicability of the method. Other means are more suitable for the handling of the hosts of clinic patients. However, a good psychoanalytic insight on the part of the clinic doctor will assist him greatly in dealing with the problem of the out-patient neurotic.

As a point of historic interest, we may mention here a psychotherapeutic trend that represents a deviation from the rigidly scientific procedure of Freud, and that has been aptly termed "post-analytic mysticism". We have in mind the doctrines of Jung and Adler, former pupils and followers of Freud. In deference to philosophic positions, they have surrendered the laboriously established data and principles of analysis and have lost themselves in abstract speculations. Jung refuses to recognize infantile sexuality, the dynamic nature of the unconscious, and the instinctive strivings as the source of all psychic energy. Instead, he propounds a mystic notion of a *sui generis* psychic force, for which he retains the old psychoanalytic term—libido. Adler has entirely discarded the unconscious and Freudian determinism, substituting for it the idealistic determinism implied in his will-to-power, which he regards as a compensation for some organ inferiority.

By way of summary it may be stated that the following steps in the development of scientific psychotherapy have been traced:

1. Charcot's discovery of the psychological nature of hysteria and its treatment by hypnotism.
2. Bernheim's formulation of mind influence as that of suggestion.
3. Breuer's discovery of the cathartic method and the significance of abreaction.
4. Freud's abandonment of hypnotism and substitution for it of the association method, thus laying the foundations for psychoanalysis.
5. Freud's modification of the association method by that of free association.
6. Freud's discovery of the phenomenon of transference and his present-day formulation of the psychotherapeutic problem as being the establishing of transference and the overcoming of the transference resistances.
7. Throughout the period of this development there have tended to persist to this day the more primitive methods of treatment by way of the mind. Amongst these may be distinguished the newer mystical systems, representing a reversion, as in the instance of the so-called "post-analytic mysticism".

What the psychotherapy of Freud presages can perhaps be gauged by the opinion of the American pioneer in psychology, G. Stanley Hall, whose attitude toward analysis is not unequivocally friendly: "Thus human life has its night as well as its day side, and the Freudian mechanisms enable us to explore the vast regions of psychic life below the conscious surfaces. Nothing since Aristotle's categories has gone deeper or in my opinion is destined to have such far-reaching influence and results."

13.77 VERSUS 12.05; A STUDY IN PROBABLE ERROR

A CRITICAL DISCUSSION OF BRIGHAM'S "AMERICAN INTELLIGENCE"*

MAURICE B. HEXTER
Executive Director, Federated Jewish Charities of Boston
ABRAHAM MYERSON, M.D.
Professor of Neurology, Tufts College Medical School

ANY volume bearing the imprimature of the Princeton University Press and carrying an introduction by Robert M. Yerkes must command respectful attention. But even if a hitherto unknown author were not so well introduced upon his academic bow to the American public, the very title of his labors, *"A Study of American Intelligence"*, would be entrancing, especially at this time when many modern writers are questioning whether Americans have any intelligence.

Yerkes says (page vii): "It is not light or easy reading, but it is better worth rereading and reflective pondering than any explicit discussion of immigration I know. The author presents not theories or opinions, but facts. It behooves us to consider their reliability and their meaning. . . ." The writers of this review make this analysis of Dr. Brigham's book just because it is unlikely that the reflective readers of the volume will be numerous; because it is far more likely that Brigham's conclusions will be taken bodily and literally by those who read the volume hastily. Dr. Yerkes to the contrary notwithstanding, Brigham has also presented theories *and* opinions, and whatever facts he has presented he has misinterpreted, as will later appear.

The book, briefly analyzed, describes certain tests used in determining the "intelligence" of groups of American soldiers examined by psychologists. These tests are the Alpha and Beta tests, the former designed for the English-speaking and literate groups, the latter for the illiterate, non-English-speaking groups. The assumption that these tests, plus the Stanford-Binet revision, can analyze in a measurable manner the native or original intelligence of those examined is the starting point of this book, and the statistical analysis made by the author proves to him that the Nordic is intellectually superior to the Alpine and Mediterranean, to say nothing of the Negro, and that America is threatened by the lowering of its intelligence due to the pollution of the original Nordic settlers by the later type of immigrants. When a man reaches a conclusion of such importance—a conclusion sure to be used as a weapon of race discrimination and legislation—he must be sure that his working hypothesis is correct and that his analysis is rigidly accurate.

---

* Princeton: Princeton University Press, 1923. 210 p.

As to the assumption that the tests measure innate intelligence, the reviewers find no very satisfactory account of native intelligence or proof that it correlates to the test in any way. "For our purposes, then, we will accept the definition of intelligence as given on page 573 of *Memoirs*, XV[1]—viz.: 'By intelligence we mean the ability that manifests itself quantitatively in a set of consistent scores in all the types of examinations upon which our data are based.'" That is to say, intelligence (the word "innate" is not used) is defined in terms of the subject's ability to do the tests, *which is exactly the point to be proved!* The book thus starts with a begging of the question of the most patent type, and one that does not reflect too favorably on the intelligence of the authors of the definition.

On the same page Brigham states: "We are forced to include the adjustment to test conditions in our definition of intelligence." Our quarrel with him is not that he includes the adjustment to test conditions, but that, practically speaking, he excludes everything else. Again he writes: "It is sometimes stated that the examining methods stressed too much the hurry-up attitude frequently called typically American. If the tests used included some mysterious type of situation typically American, we are indeed fortunate, for this is America and the purpose of our inquiry is that of obtaining a measure of the character of our immigration.

---

[1] *Psychological Examining in the United States Army.* Edited by Robert M. Yerkes. (*Memoirs of the National Academy of Science*, Vol. XV.) Washington: Government Printing Office, 1921.

Inability to respond to a 'typically American' situation is obviously an undesirable trait.''

Here we must again point out that to be typically American is not necessarily the only way, or even the best way, to show innate intelligence. We may pity the man who does not like jazz, subways, ice-cream sodas, the Follies, Ford cars, and domestic rugs; we may deride him who thinks that a ''newspaper'' made up largely of sport news and comic strips is wrongly named; we may grow wrathy with the one who says that speed never corresponds to true culture or true science; but he is not necessarily unintelligent. Moreover, if Americanism is a unique and wonderful thing, it must take time to adapt to it; we cannot expect the recent immigrant to be thoroughly Americanized, and to prove by tests that he is not *is to prove that the immigrant was not born in America.* Further, if the intelligence tests identify innate intelligence (which is what they desire to test) with ability to adjust to American conditions, then the Chinaman who adapts to Chinese conditions has not proven innate intelligence, nor has the rest of the world, except the favored 100,000,000 who live in America. In brief, Brigham practically identifies, *a priori,* innate intelligence with the ability to pass these tests and with Americanism. Naturally enough, he ''proves'' that those who do not pass his tests lack innate intelligence and are not Americans.

There is another very obvious error in logic, if it is not something worse: ''It will be remembered that examination Beta was given to all men who had been selected as illiterate or non-English speaking before examination Alpha was given, and also to those who took Alpha and failed to make a reliable score. In the same way individual examinations were given to the lowest-scoring cases in Beta. Consequently, in figuring the results, if a man has taken both Alpha and Beta, his Alpha score is disregarded and his Beta score taken. In the same way, if he took Alpha and Beta, and was then given an individual examination, his Alpha and Beta scores are disregarded, and his score on the individual examination is taken as expressing the best measure of his intelligence. In other words, we use Alpha as our measure if Alpha alone was given, Beta as our measure if Beta alone or Alpha and Beta were given, and the individual examination as our measure if it was given at all, on the assumption that the most reliable test of a man was the last one given."

But this is a mistake in judgment, according to what Brigham himself says on page 56, for he there states that the Stanford-Binet scale "rests on a number of cases too small to upset the army standards based on 93,955". Why, then, use it as the court of last resort? What shall we say of one who recognizes a measure as incorrect and then proceeds to use it as if it were infallible? Perhaps we can merely say that happy is the author who remembers on page 79 of his book what he wrote on page 56.

We turn to some of the statistical details of the book. Are they more reliable than its general premises? We answer that they are not and proceed to point out what we believe to be errors both of fact and opinion.

Brigham must first dispel the criticism of the army tests on the ground of their being "speed" tests. For instance, in Test 2 there is "an improvement from an average of 8.00 to 9.16 with double time" (page 10). This represents an improvement of 14.50 per cent. Doubling the time on Test 3 results in an improvement from 6.32 to 9.85, or 55.85 per cent. On Test 7 Brigham writes (page 27): "The scores show a considerable average improvement with extension of time limit (8.60 to 12.46) . . ." Note well that Brigham calls this a *considerable* average improvement. *It constitutes an average improvement of* 44.88 *per cent.* Yet other tests show a higher proportionate improvement, as noted just above—for example, Test 3, where there is an average improvement of 55.85 per cent or an approximate average improvement about 25 per cent better than the improvement shown by doubling time for Test 7. And yet concerning Test 7 Brigham speaks of the *considerable* average improvement. Proportionate increases Brigham does not mention. Those just given have been separately calculated.

Brigham likewise intends to discount the "speed" argument by the use of the coefficient of correlation between scores made with single and double time. It is most strange, however, that in this connection he does not compute his probable error, which every good statistician computes to control his result. We say strange because later in the book Brigham shows that he knows how to compute the probable error of differences. Why not calculate it at this point?

Is it not obvious that it is just in the ability to do the Alpha tests *quickly* in which the recent immigrant or even the one here as long as ten years would be most handicapped? Is not the man thinking in an alien language (and, strange to say, English is not native to people born and bred in Italy, Greece, or France) handicapped in the speed of his performance even if he is intelligent? We should like to test the army psychologists, including Drs. Yerkes and Brigham, by Alpha tests written in Greek and devised by Greek psychologists, and then compare them with the scores of Greek high-school boys. We should like to lay a few bets that fifteen-year-old Greek boys would rate far higher than the American professors of psychology.

We call the attention of the reader to the relation of the scores made by immigrants and the years of their residence in America, in Part II of the book. We shall learn that here is uncovered a very curious phenomenon; that is, very curious and hard to explain from the point of view of Dr. Brigham, who seems to seek difficult explanations in preference to easy ones.

The 11,295 foreign born are classified as to the term of years they have resided in America. There are five such groups, for which scores are tabulated as follows (the first figure indicates the mental age, the second its standard deviation):

0 to 5 years	6 to 10 years	11 to 15 years	16 to 20 years	over 20 years
11.41 (2.85)	11.74 (2.80)	12.47 (2.77)	13.55 (2.60)	13.82 (2.71)

Brigham notes then the remarkable fact that as the immigrant remains in America longer and longer, his "mental age" rises and rises so that "the foreign-born group in this country over 20 years have an average score identical with the average score of the native born, the actual difference (0.05) being smaller than the probable error of the difference (± 0.0664)". Now this situation does not suit the predetermined conclusion of Dr. Brigham. It tends to weaken Nordic supremacy and causes to totter assumptions of superiority on the part of the native born. *Ergo,* this situation must be explained away in magic style. Now this situation had been noted by the army authors, for they say (*Memoirs,* XV,[1] page 704): "It is not possible to state whether the difference is caused by the better adaptation of the more thoroughly Americanized group to the situation of the examination or whether some other factor is operative. It might be, for instance, that the more intelligent immigrants succeed and therefore remain in this country, but this suggestion is weakened by the fact that so many successful immigrants do return to Europe. At best we can but leave to future decision the question as to whether the differences represent a real difference of intelligence or an artifact of the method of examination." Such a confession of present ignorance does not suit Dr. Brigham's purpose. And so he undertakes, in the spirit of free inquiry, a line of analysis to find out whether the increase in average intelligence as one goes from the recent immigrant to the older immigrant is due to language and intelligence. This he does by analyzing these five groups by their scores on Alpha, Beta, and the Stanford-Binet. This he shows as follows (page 102):

Years-of-residence groups	*Scores derived from Alpha*	*Scores derived from Beta*	*Scores derived from the Stanford-Binet*
0 to 5 years	13.46 (S.D. 2.47)	11.11 (S.D. 2.73)	9.99 (S.D. 21)
6 to 10 years	13.57 (S.D. 2.45)	11.29 (S.D. 2.65)	9.86 (S.D. 22)
11 to 15 years	13.91 (S.D. 2.25)	11.62 (S.D. 2.50)	10.19 (S.D. 09)
16 to 20 years	14.31 (S.D. 2.19)	12.22 (S.D. 2.68)	....
Over 20 years	14.56 (S.D. 2.32)	11.93 (S.D. 2.70)	....

From this table Brigham concludes that "there is a steady progress in the scores in examination Alpha from '0 to 5 years' up to 'over 20 years', the total gain being 1.12 points on the combined scale. There is an equal amount of progress in the scores from examination Beta, a gain of 1.11 points on the combined [Beta?] scale being made in a shorter period of time—*i.e.,* from '0 to 5 years' to '16 to 20 years'. If the increase in the average score on the combined scale from 11.41 to 13.82 were due to the language and educational factor, then the gain should come from Alpha and not from Beta, for

---

[1] See note 1, page 70.

Alpha involves language and (indirectly) education, and Beta does not. We actually find that the gain from each type of examination is about the same. This indicates, then, that the five years-of-residence groups are groups with real differences in native intelligence, and not groups laboring under more or less of a linguistic and educational handicap.''

Let us see with what ability and candor this conclusion has been reached. The increasing average scores for the various residence groups must be referred to their base. The following tabulation recasts the above information with certain additional calculations. We give the increase in scores, and also the proportion which such an increase represents over the scores obtained by the foreign born in this country 0 to 5 years.

INCREASE IN SCORES OF VARIOUS RESIDENCE GROUPS ACCORDING TO TYPE OF EXAMINATION

	Alpha		*Beta*		*Combined scale*	
Residence groups	Points increased over 0–5 year group	Per cent	Points increased over 0–5 year group	Per cent	Points increased over 0–5 year group	Per cent
6–10	0.11	0.817	0.18	1.620	0.33	2.892
11–15	0.45	3.343	0.51	4.590	1.06	9.290
16–20	0.85	6.315	1.11	9.991	2.14	18.755
Over 20	1.10	8.172	0.82	7.381	2.41	21.122

Now it must be perfectly clear that those tested on the Alpha group increase steadily; while the scores on the Beta group increase to the "16 to 20 year" group and then drop backward. Let us see how accurately Brigham has stated his case and interpreted his data. He states in the excerpt, just above, that the increase in the scores on Beta of 1.11 points occurs in a shorter time period than the increase in the scores on the Alpha scale, as there it required a passage from the "0 to 5 year" group to the group over 20 to secure an increase in scores of 1.10. Brigham intends thereby to impute that the increase on the combined scale is due to the increase in the scores on Beta and so deny the inclusion in the tests of an educational and language feature, as Beta excludes the language feature entirely. But Brigham does not note that if he goes to the group of "over 20" on the

Beta series he will find something else—namely, just the opposite. The increase on the Beta series from the residence group "0-5" to the group "over 20" is 0.82 points or an increase of 7.381 per cent. The increase on the Alpha series through the same range is 1.10 points or 8.172 per cent. The increase in the same range on the combined scale is 2.41 points or 21.122 per cent.

But Brigham may say that the base or reference period of "0 to 5" is a poor one. Let us see. If we make our base the "6-10" group, the increase on the Alpha series of the "over 20" groups is 0.99 points or 7.296 per cent; while on the Beta series the increase is 0.64 points, or 5.669 per cent. If we calculate the increase of the "over 20" group over the "11-15" group, we find that the Alpha scores increase 0.65 points, or 4.673 per cent, while the Beta scores are increasing 2.668 per cent. It would seem, then, that Brigham would be hard put to it to explain how Beta contributes disproportionately to the increase in the combined score; if he fails in this, he must by his own words admit that the series of tests did reflect "language" and (indirectly) "education". It follows, then, that the five years-of-residence groups are not groups with real differences in *native intelligence;* the gradual closing of the gap between the native born and the foreign born in the scores achieved as one goes from the recently arrived to those who have spent many years here is due to the simple fact that those who have been here longer and have been exposed to the educational influences which America offers are no different from those who are born here, if the comparison is made between group and groups as Brigham makes it. The labored attempt of Brigham to show an inherent racial difference between the native born and the foreign born, and also between the foreign born who came here some years ago and those who came recently, collapses like a house of cards because its structure is flimsy indeed.

We are now at the *dénouement.* Brigham turns to an analysis of the draft findings by country of origin. "These figures for each country are not subdivided again into years-of-residence groups. As a matter of fact, when we break up the 12,492 cases according to country of birth, the figures from certain countries become very small, so that further subdivision would make the results valueless. We can, however, examine the figures which give us an intelligence measure of the foreign-born men of our army and take them for what they are worth.'' Note well that these 12,492 cases, if broken up into residence groups, would make the results valueless. Valueless for what, we are urged to query? If too small, if broken up into homogeneous groups, why not recognize the impossibility of going further into the inquiry? This confession likewise voids the previous discussion of Brigham where he is showing the differences between immigrants of varying residence periods in America. There also Brigham states that he will take the resulting figures for what they are worth. This Jekyll-and-Hyde spirit can be noted at other points. Brigham first states the limitations of his data like a scientist, but in his conclusions he forgets all about his own strictures. He states, as we have noted above, that if the figures for each country had been subdivided into residence groups, the groups would have been too small. We do not doubt that a statistician of as high merit as Brigham has heard of the method of partial correlation. Possibly the laboriousness of the method frightened him.

There are represented 12,418 foreign-born men in Tables 11 to 27. Of these, 4,009 are from Italy and 2,340 from Russia. Together, these two countries provide more than half of the total number involved. The balance, 6,069, is distributed over fourteen countries. Just note how small the figures would be if we divided the men representative of the following countries into the five residence groups, if we assume that each residence group comprises one-fifth of the total—which is, of course, not true:

England	411	Norway	611
Scotland	146	Belgium	129
Holland	140	Ireland	658
Germany	308	Austria	301
Denmark	325	Turkey	423
Canada	972	Greece	572
Sweden	691	Poland	382

All, with the exception possibly of Canada, would present groups too small for use in statistical comparisons. But all of this does not worry Brigham. After a careful analysis of writers on race theories of the Madison Grant and *Saturday Evening Post* variety, and in collaboration with students of this subject (he does not name the students), he makes up his own and a completely subjective estimate of the proportion of Nordic, Alpine, and Mediterranean blood in the various national groups migrating to America. His Tables 11 to 27 are intended to show the validity of differences between various national groups. As we have mentioned above, each one of these groups possesses individuals who would fall into various residence groups, of which there are five in accordance with Brigham's material. We will first divide each one of these groups, therefore, by five and then ascertain how many Nordics, how many Alpine, and how many Mediterranean individuals are represented in the comparison, using Brigham's table of the percentages of Nordic, Alpine, and Mediterranean blood in the immigrants from each country *as if it were true*. The fact that by no manner of means could any man calculate the percentage of Nordic or other hypothetical blood in any European country, with its intricate crisscrossing of races for centuries, makes us gasp at the nonchalance with which Brigham analyzes the world's blood.

	Total	*Individuals in one residence group*	*Nordic*	*Alpine*	*Mediterranean*
England	411	82	65.60		16.40
Scotland	146	29	24.65		4.35
Holland	140	28	23.80	4.20	
Germany	308	62	24.80	37.20	
Denmark	325	65	55.25	9.75	
Canada	972	194	116.40	77.60	
Sweden	691	138	138.00		
Norway	611	122	109.80	12.20	
Belgium	129	26	15.60	10.40	
Ireland	658	132	39.60		92.40
Austria	301	60	6.00	54.00	
Turkey	423	85		17.00	68.00
Greece	572	114		17.10	96.90
Poland	382	76	7.60	68.40	
Russia	2340	468	23.40	444.60	
Italy	4009	802	40.10	200.50	561.40
Total		2483	690.60	952.95	839.45

We can easily see that any comparison of Nordic with Mediterranean, and of either of these two supposed racial stocks with the Alpine, turns on very few numbers. Let us turn to Table 11, where Brigham compares the differences between England and the other countries. This table is next below.

TABLE No. 11.—DIFFERENCES BETWEEN ENGLAND AND OTHER COUNTRIES

Number of cases 411
Average score 14.87
Standard deviation 2.57

Scotland	—0.53	±0.1695	(3.1)	Difference unreliable.
Holland	—0.55	±0.1606	(3.4)	Difference unreliable.
Germany	—0.99	±0.1264	(7.8)	
Denmark	—1.18	±0.1192	(9.9)	
Canada	—1.21	±0.1030	(11.7)	
Belgium	—2.08	±0.1669	(12.5)	
United States	—1.10	±0.0855	(12.9)	
Sweden	—1.57	±0.1049	(14.9)	
Norway	—1.89	±0.1087	(17.4)	
Austria	—2.60	±0.1368	(19.0)	
Turkey	—2.85	±0.1241	(22.9)	
Ireland	—2.55	±0.1094	(23.3)	
Greece	—2.97	±0.1097	(27.0)	
Poland	—4.13	±0.1236	(33.4)	
Russia	—3.53	±0.0940	(37.5)	
Italy	—3.86	±0.0897	(43.0)	

It is plain that when England is compared with, say, Germany, we are comparing first of all 82 men with 62 men; then we are comparing 65.60 Nordics with 24.80 Nordics. These numbers certainly are too small upon which to predicate conclusions; and yet there are instances where the numbers compared are even smaller. Only for two countries, Russia and Italy, do we have a group large enough for comparison and then only when we use the Alpine men of Russia and the Mediterranean men of Italy. Now these figures, small as they are, would be even smaller if we did not assume that the number of men in the five residence groups were equally distributed; were we to take as a basis the number of men in each residence group as shown by the data on page 177, some of these figures would be too ridiculously small for even the veriest tyro in science.

We might readily devote pages to other errors of thought and procedure in this book. For example, Dr. Brigham speaks

STATISTICAL OBJECT: THE CLASS FREQUENCIES AND THE "NORMAL CURVE"

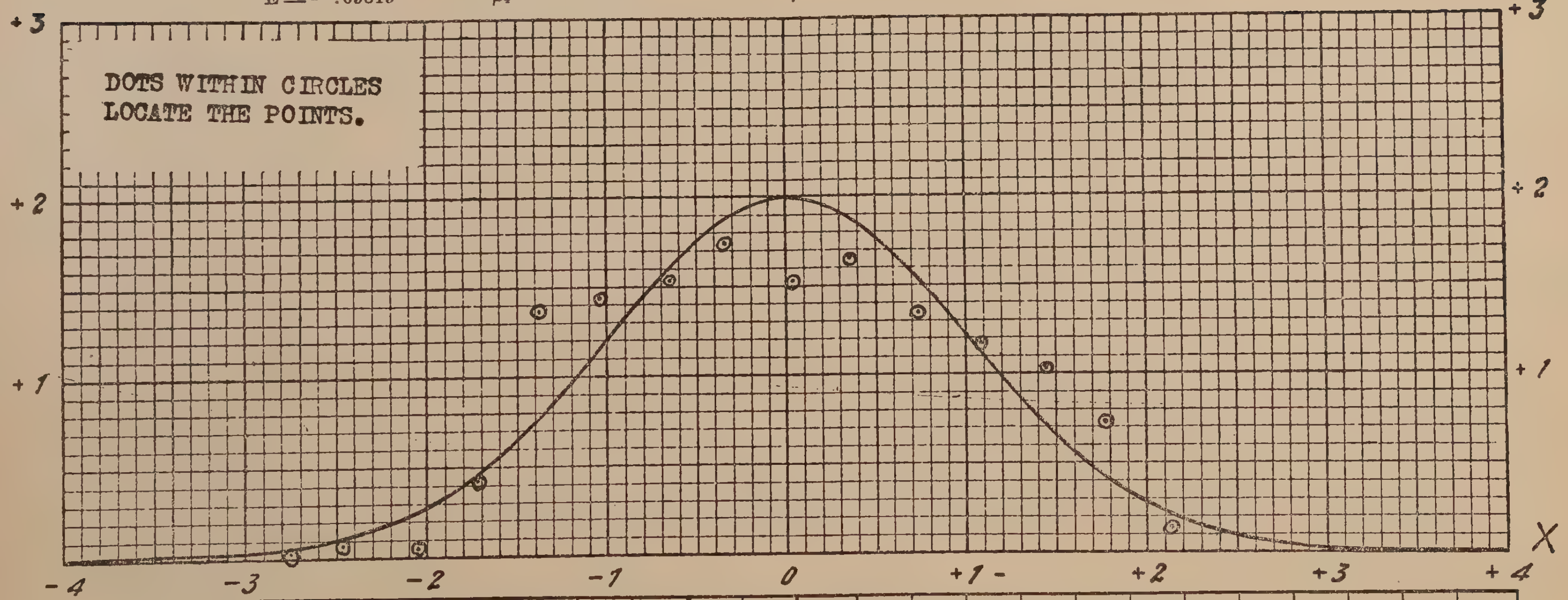
$$X = (x - b)\frac{w}{\sigma}, \qquad Y = \frac{5\ \sigma}{N\ w} F(x)$$

$M_0 = 12$
$b = +0.92343$
$\frac{5}{N} = 0.007656967$
$\frac{5\ \sigma}{N\ w} = 0.021781544$

$N = 653$
$M = 12.92343$
$\sigma = 2.84467$
$D = -.034725$
$E = -.09819$

$w = 1$
$w \cdot \sigma = 0.3515346$
$\sigma \cdot w = 2.84467$
$\beta_3 = -.011575$
$\beta_4 = -.03273$

γ



X						-2.7854	-2.4338	-2.0823	-1.7308	-1.3792	-1.0276	-0.676	-0.3246	+.0269	+.3785	+.7299	+1.0815	+1.4331	+1.7846	+2.1361					
x	−12	−11	−10	−9	−8	−7	−6	−5	−4	−3	−2	−1	0	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10	+11	+12
F(x)						1	2	1	22	62	66	69	81	69	77	63	54	47	34	5					
Y						.0218	.0436	.0218	.4792	1.3505	1.4376	1.5029	1.7643	1.5029	1.6772	1.3722	1.1762	1.0237	0.7406	0.1089					

X	−3,5	−3	−2,5	−2	−1,5	−1	−0,5	±0	+0,5	+1	+1,5	+2	+2,5	+3	+3,5
$5\varphi_0$	+0,004	+0,022	+0,088	+0,270	+0,648	+1.210	+1,760	+1,994	+1,760	+1.210	+0,648	+0.270	+0,088	+0,022	+0,004
$\beta_3\ 5\varphi_0^{III}$	+0.001	+0.005	+0.008	+0.006	-0.008	-0.028	-0.028	±0.000	+.028	+.028	+.008	-.006	-.008	-.005	-.001
$\beta_4\ 5\varphi_0^{IV}$	-0.011	-0.022	-0.013	+0.044	+0.115	+0.079	-0.090	-0.196	-.090	+.079	+.115	+.044	-.013	-.022	-.011

(page 59) of the distribution of the scores approximating the Gaussian normal curve. We have plotted according to Charlier's method the location of the class frequencies (see chart). The deviations from the normal curve are easily seen. The mental ages 5, 6, 8, 16, and 19 conform fairly closely to the normal curve; the ages 9, 10, 17, and 18 are above the curve—*i.e.*, are represented by too many individuals, while the mental ages 7, 11, 12, 13, 14, and 15 are below the curve—*i.e.*, represented by too few individuals. The group of "mental ages" that conforms fairly closely to the normal curve totals 30 out of the 653 who took the examination. It is quite obvious, therefore, that this group which forms part of the method of the combined score, if represented by a curve, would show one in which the bulge near the mean is less than that called for by the normal curve. Comparisons based upon these data must necessarily operate to handicap unfavorably those men who fall outside of the region near the mean "mental age"; conversely, comparisons of individuals having "mental ages" in that region—namely, the superbly average man—must react favorably. But to go further into a statistical argument with Brigham would make an already lengthy article overlengthy, and we resist the temptation.

We may agree that these intelligence tests show that recent immigrants are slower in their performance and have a lower score than do the native born and the long-resident immigrants. That is the long and short of the *facts* in this book on American intelligence. All the rest is assumption and contrary both to common sense and science. Wherever there is the easy explanation that it is the nature of the tests, drawn up as they are by Americans and adapted to American thought, that makes them difficult for an alien, Professor Brigham falls back on the inherent inferiority of the alien, despite the plain evidence that slowing up the tests quickly increases the score of the alien, as would be expected if it were a matter of language and general unfamiliarity with test conditions; despite also the plain evidence that years of residence again improve the scores *pari passu* with the time in the country, which again is what would be expected by any unbiased mind.

We ask this of Dr. Brigham, as we ask it of all those who have seized with avidity on the army intelligence tests in order to further what is really anti-Americanism: Does he doubt that, no matter how low the score of the average Italian, Jewish, or other very recent immigrant may be, the descendants of these immigrants, born in the United States, educated here, playing baseball, engaging in sports, freed from the crushing effects of extreme poverty, would not do far better? We assert that they would, and we assert that the ability to pass tests is an ability that is like all other functions—dependent upon familiarity with tests in general, upon the "innateness" of the language in which the tests are given, upon life habits and life training. We are very familiar with one large alien group, and we can state this, that in the first immigrant generation of this group, there is so much maladaptation that the charitable organizations find their resources taxed to care for this group; yet the second generation, the American-born generation, almost never needs aid. If adaptation is the very hallmark of intelligence, then there has been a growth of innate intelligence in the space of one generation, which Dr. Brigham and the type of thinker he represents would be the first to deny as impossible. One of the charges made against the immigrant is that he becomes a burden on the community in one form or another, but we state, in reply to the implication that this measures his lowered intelligence, that it merely measures the inherent disaster attendant upon the transplantation of an adult group from one environment to another, and is remedied by the next generation.

We regret that it is so, but since it is so, we say it deliberately: One of the latest developments in psychology, the intelligence tests, has in America been overrated as a means of passing judgment upon the unfortunate subjects who are tested. But this is not so important as the danger *that these tests might be used—and in fact are being used, we believe, by certain people—not to advance science or in the scientific spirit, but for race discrimination and in the spirit of propaganda.*

THE MENTAL-HEALTH SURVEY*

CORNELIA D. HOPKINS

Chief of Social Service, Illinois Institute for Juvenile Research

TWENTY years ago the study of the mental hygiene of the child was in its infancy. In 1923 it still has far to go along lines of scientific inquiry before emerging from the experimental stage. However, there has been a steadily growing interest in the child who is handicapped by undesirable mental traits, and an amazing increase in the number of articles devoted to this problem. The studies covered by these articles were at first primarily concerned with intensive investigation of the child as an individual, containing within himself the solution of all his perplexities. The influence upon his mental condition of the children he played with, of the people who had charge of him, of the sanitary conditions of his home, of his physical diseases, was not understood. Stress was placed chiefly on his education through precept and example, with more or less disregard for innate traits and environmental factors. To measure the influence of these factors has been the object of the more recent studies, and to further this end there has developed, along with the study of the individual, a study of the mental health of the entire group in which the individual lives—the mental-health survey.

The primary function of the child-mental-health survey is the practical one of helping teachers and parents in the care and education of children who are problems. Children are referred for examination because of various nervous habits, fears, temper display, pugnacity, school retardation, convulsions, dishonesty, truancy, and a dozen other complaints. Their examination involves in each case a thoroughgoing medical, psychological, and social study. Physical health, intelligence, social experiences, education, mental traits, must all be investigated to determine the forces at play in producing the difficulty. Through the accumulation of the records of such studies for an entire community, we can obtain in a general way a measure of the influence of all the factors studied on the general mental health. The perspective gained by this type of study is an added advantage in that it attacks the problem of the individual by an analysis of the forces acting on the group as a whole. This will be made clearer in discussing the practical field work of the mental-health clinic.

---

* Presented in part at the annual meeting of the Illinois Conference on Public Welfare, at Bloomington, October 26, 1923.

The demand for service of this type is especially urgent in the smaller cities and rural communities, where permanent clinics are not maintained. In Illinois, the department of public welfare attempted to satisfy this need by establishing in 1917 the Institute for Juvenile Research. At first the institute limited its study and treatment of behavior problems to children from this state who were brought to the local office. Later, it established visiting clinics and organized mental-health surveys in numerous communities throughout the state. The first to be made in Illinois was conducted by the institute in the city of Freeport. Since this time an increasing emphasis has been placed on this type of inquiry both in Illinois and elsewhere.

The organization and establishment of social work in a typical survey, conducted in the spring of 1923 in three adjoining Illinois cities, constitute the subject matter of this paper. The data compiled from the clinical material are reported elsewhere. The three departments of the clinic worked as a unit and as such their functions cannot be entirely separated. However, in so far as possible, the work of the social-service department alone has been treated here; that of the other departments is touched upon only where the close relationship established would make a divisional report incomplete.

La Salle, Peru, and Oglesby are three cities lying close together along the banks of the Illinois River about one hundred miles from Chicago. They are brought into constant association as much by their unit methods of industrial and social leadership as by their physical proximity. The leading industries are the mines, the zinc factories, and a clock factory. The principal races represented in the county in the order of frequency, quoting from the 1920 census, are as follows: German, Polish, Italian, English, Austrian, Jugo-Slovakian, and Irish. The total population, 26,054, is distributed as follows: La Salle, 13,050; Peru, 8,869; Oglesby, 4,135. Within the three towns there are fifteen schools, including one high school and eight parochial schools. The total school population, both public and parochial, is 5,551.

The idea of a mental-hygiene clinic was not a new one to many in the community. Several years previous to the survey, a visiting clinic had been established in the district of the tri-cities—*i.e.*, the territory of the three cities plus several small outlying communities within La Salle County—as the result of a request from the Tri-Cities Associated Charities to the Illinois Society for Mental Hygiene and the Institute for Juvenile Research for aid in the solution of some of their special problems. Visits were made at intervals of about six months and routine psychological and psychiatric examinations were carried on at periods varying from two to six months. The clinic was entirely dependent on the local agency for all social investigations and treatment work. Up to May 1923, ninety cases had been examined and their treatment outlined. Of these, twenty-one cases were problems for institutionalization; of the remainder approximately four-fifths were definite mental-hygiene problems that needed specialized care or supervision. This, briefly, was the setting for the survey in 1923.

In 1922 the local agency, in reviewing its work, came to the conclusion that it was not yet working with as full an understanding as was possible of its mental-health problems. Backed by the three local school boards, the parochial schools, the chamber of commerce, the Manufacturers' Club, and the women's clubs, this agency requested that a complete survey be made by the same two organizations that had established the visiting clinic. It was arranged that the Illinois Society for Mental Hygiene and the institute should both furnish medical examiners, and that the psychological and social services should be furnished by the institute. All expenses, other than the salaries of the staff, were borne by the local community organizations.

Since it was realized that case recommendations could not be made adequately by an outside agency without a knowledge of the social assets and liabilities of the local community, a preliminary survey of all the social problems and resources in the community to be studied was made. This included the following investigations:

Institution Reports

1. Number and diagnosis of all patients in state hospitals and schools for feebleminded and epileptic persons in the past two years.
2. Number and court charge of all inmates of state prisons and reformatories in the past two years.
3. Number and disposition of all dependent cases passing through the county court during the past two years.
4. Number and background of children in dependent institutions and of children in correctional institutions.

Schools

1. Location, capacity, territory, and language spoken in classrooms of all schools.
2. Local application of the state parole and truancy laws.
3. Opportunities for vocational guidance through the schools.
4. Opportunities for work on leaving school.

Health Measures

1. Hospital and nursing facilities.
2. Medical care.
3. Public-health measures.
4. Housing conditions.

Recreational Facilities

1. The cultural and recreational resources of the community and the extent to which these are used. This included a study of library facilities, community recreation, and commercial recreation.
2. A study of the recreational knowledge and interests of 630 school children.

Before the opening of the clinic, a physician and a social worker left blanks with all schools and social agencies that referred cases to the clinic. These blanks contained all the necessary identifying information and were used without transcription as the face sheet of the record. While distributing them, the physician and the social worker gave a careful and full explanation of the whole clinic program and the type of mental-hygiene work to which the survey should lead. Later, the blanks were collected by a social worker who went over them critically with the agency and cleared up all difficulties in filling them out. The second conference was found valuable also in bringing to light other and more direct sources of information—for example, former teachers, where the principal alone had been seen.

The clinic accepted all cases referred from any source, regardless of the type of complaint. One restriction was, however, observed. In the case of all minors, permission to make the examination was secured from some responsible person. Only three of the 319 cases were lost because such permission was refused. Parents who showed an initial attitude of hostility were often won over by being made to understand that their permission was essential. Often their indifference changed to keen interest when they realized that their own knowledge was considered of primary importance and that the clinic needed their constant coöperation. Often the home visit was the first indication to the parent that his child was a school problem.

All school children, regardless of academic standing, received group psychological tests. For this work no investigations of the background and career of the child were made. The 319 cases referred as special problems, therefore, constituted the bulk of case material for the social-work department. In each instance a full field investigation was considered necessary. A small percentage of cases were referred by private individuals, but the majority came from the local agencies. In cases where there was already a record, this was summarized for the use of the clinic.

An investigation usually comprised an agency, home, school, and work report, and such others as the individual case required. The following is a typical investigation:

> John Jones, aged seventeen years, eleven months, was referred by the high school because of poor school work. He is described as being pompous and boastful, indecisive, excuse forming. He has no court record and has never worked.
>
> The home is visited and the mother seen.
>
> *Home:* A two-story frame cottage in a residential section. The house is attractive in appearance, tidy, and with many comforts. The grounds are well kept. Family consists of patient, a younger brother, and parents.
>
> *Heredity:* Maternal side, negative. Paternal grandmother died of

paralysis. A great aunt has been paralyzed for fourteen years. One great uncle died of heart trouble. Another had spells resembling epilepsy after an accident.

Developmental: Nine months' pregnancy. Because of illness in her family, mother felt "unsettled" from the third month of pregnancy on. She never knew whether she wanted to be at her mother's home or at her own. Normal delivery; breast fed. First tooth, four months. Walked at eleven months. Talked at two years and was inclined to stammer, when excited, up to four years.

Health: He had measles twice and was both times threatened with pneumonia. He grew very fast. He has always been "twitchy" and for this reason has been under a physician's care (Dr. Blank). His condition was thought to border on chorea. Patient requires a lot of sleep. On Saturdays and holidays mother allows him to sleep until noon. He always eats a light breakfast and supper, and a very hearty midday dinner. He has been drinking coffee at breakfast for four years. Mother takes him to a farm for two months every summer, where patient swims and lives an outdoor life.

School: He had no difficulty in the grade schools except that in the eighth grade he was very conscious of his size and the fact that he had to wear long trousers. In his first report at high school he was on the honor roll and made 100 in deportment. He was teased for this by other boys who told him that "only sissies" got 100. Patient since shows no interest in school and will not study at home.

Personality: Patient is shy and embarrassed and never enters a group of his own initiative. He rarely joins groups even when urged. He dislikes rough games and cannot bear to hurt anything. The element of competition in games is distasteful. Mother doubts if he ever played marbles. He would rather lose a football game than tackle another boy. He has a few boy friends with whom he has grown up, and while he seems rather fond of them, he is never really intimate with them and continuous association bores him. He would rather stay at home and work at his experiments than go into a crowd even with his family. The only group patient has ever shown any interest in was a Boy Scout group to which he belonged for about two years at the age of twelve. He has manifested no interests in sex matters.

Interests: He has always wanted to be a mechanical engineer. At various times he has been interested in electricity, wireless, moving-picture machines, stage settings, drums, and at present an automobile. Although his interests have been varied, he does not flit from one to another. Mother thinks he really gets some insight into one thing before going on to others. He has shown no interest in the church. Parents have catered to patient's interests in the hope of calling out his best efforts in some direction. Mother is surprised over patient's lack of school progress, as his concentration on his home experiments is well sustained. She and father do not feel that patient is dull, but that "he must have some talent which we have not been able to help him realize".

Impression: Intelligent. Frank. Coöperative. Objective. Interested in the possibility of having patient studied.

Material such as this, together with a statement of the social resources available for treatment, was put into the hands of a physician at the time of examination. On the basis of these data, together with the clinic findings, all recommendations were made.

The social worker in the clinic, besides conducting investigations and social treatment, functioned also as clinic manager and historian. This apparently routine procedure is especially important in survey work, since we have to get as much value as possible out of the few sources of information and contact that we have. The immediate problem of clinic management was to secure for each patient the routine clinical examinations, physical, psychological, and psychiatric, with a minimum of time and friction. The social worker also secured histories from informants who accompanied the patients, and furnished the members of the staff with information concerning social resources. She received visitors and explained to them the reasons for the survey. To insure sufficient time for complete examinations, patients came only by appointment. In case of cancelled appointments, much time was saved by telephoning to a nearby school with which arrangements had already been made to have children ready to fill in vacancies. When it was found expedient to conduct the clinic in a school building, quick adjustments were necessary in order to keep the clinic running smoothly and to avoid interference with the school schedule. There must be no slowing up on account of misunderstandings on the part of teachers or principal, crowding of clinic quarters, classes in session in the passageways between examining rooms, or the like. Statistical work was simplified by the use of two daily tally sheets—one for the clinic examination and one for the completed case material.

In order to make teamwork most effective both during the survey and after its completion, the following methods were adopted:

1. *Advisory work on treatment cases.*

About twenty problems, selected because of the complexity of the social and mental facts involved, were treated intensively in coöperation with the Associated Charities and the probation officer. The local agencies were responsible for the patients throughout the treatment. The following are examples of the cases selected: an unmarried Polish girl of seventeen, diagnosed border-line defective, turned out of her home by her brothers when her pregnancy became known; a grammar-school girl, diagnosed psychopathic personality, who ran away from home for a week, during which time she followed a traveling carnival, and who was shunned by all her friends when she returned; a German-speaking family who became dependent on charity when the father was sent to the hospital because of a psychoneurosis.

2. *Demonstration of follow-up and reëxamination of ninety former visiting-clinic cases.*

All cases in this group were handled by the clinic's social-work department, either directly or under its close supervision. In a case active with one of the local agencies, reports were made by their worker, who already knew the family and its problems. She used the forms and outlines of the clinic, and worked in close coöperation with our staff. Besides the routine case reports, the following studies were made:

A comparison of results in cases where our recommendations were carried out with those in which treatment was neglected; the bearing of the causative factors on success in adjusting social problems.

3. *Demonstration of treatment on new cases.*

The clinic workers investigated all new cases. This necessarily brought to light many social problems that needed treatment. These were classified roughly into two groups: (1) More or less acute problems that could be handled during the survey—for example, the case of a feeble-minded boy whose parents were able and willing to supervise him in their home, but needed instruction in his care; or, again, the case of a school girl, an acute behavior problem, who was recommended to a sanitarium because of incipient tuberculosis. (2) Cases that needed treatment over a long period of time, as, for example, a chronic bed-wetter with ignorant and careless parents, in need of constant supervision to make habit training of value; or a boy who had lost a leg as the result of an industrial accident, whose compensation and industrial rehabilitation were still to be adjusted.

Patients in the first group were handled by the clinic workers. Those in the second group were turned over with detailed recommendations to the local agency most fitted to meet the problem. The clinic then kept in touch with the patient only in an advisory capacity.

The permanency of the results of the mental-health survey depends entirely on the type of educational work done. Lectures to local groups were given due consideration. Of even greater importance, the mental-health program was explained to informal groups and individuals whenever the opportunity presented itself. This was the case especially in the schools, where a high degree of intelligent coöperation and interest was shown by both teachers and principals.

If the value of the surveys is clearly demonstrated, the district will realize that the responsibility for making these intensive studies of permanent value rests upon the local community. There are various ways in which permanent work may be established—by arrangements with the surveying agency or with the staff of a nearby state hospital for a visiting clinic at periodic intervals, or by the establishment of a permanent clinic, or, as in the tri-cities, by a combination of the two. In these cities a mental-health worker, trained in both mental testing and social work, has been established as a member of the staff of the high school, with the title of educational advisor, probably for the first time in the history of education. In consultation with the local agencies, a full clinic will be provided at irregular intervals by the surveying staff. At this time the work of the local agencies will be planned for the interim between clinics. Other communities might use another type of permanent organization, but whatever type is used, the problems of adjustment during the transition period are a part of the work of the survey staff.

SUMMARY

A mental-health survey provides a method for studying the influences of numerous factors on the general mental health of a community. It does this by analyzing the problems and resources of all local agencies, and by analyzing all mental difficulties in patients that have been forced on the attention of school authorities, police agents, welfare workers, and industries.

The facilities for the examination and treatment of these problems in the La Salle, Peru, and Oglesby district were provided by a grant from the Tri-Cities Charities. To carry on the work, a team of workers in the fields of social work, psychology, medicine, and psychiatry were in constant attendance for a period of six weeks. This group studied the educational, vocational, and recreational resources in the community. By using group tests on all school children, they singled out the cases that needed further study, this study to be carried on by a permanent staff. They made intensive studies of all problems referred because of school retardation, truancy, and other behavior complaints, convulsions and other symptoms of nervous disorder, suspected insanity, dependency, and various forms of industrial and social handicap. They stimulated in teachers and parents an interest in the care and education of children in whose cases there was reason to suspect that there might develop serious forms of mental disturbance or criminal behavior. They worked with the local agencies, using these agencies as integral parts of the general survey, and were aided by a number of volunteers. Most important of all, they evoked enthusiasm for this type of work, so that through the efforts of individual citizens a permanent clinic is now established in the district.

Conclusions

In the experience of the social-work department of the institute, the following guides to conducting surveys have been found most useful:

Make a preliminary survey of the social problems and resources of the community before any other work is begun.

Complete all field investigations before making any clinic appointments.

List for all community agencies the dates for referring cases and keep to the list.

Make all cases come by appointment and use cases with future appointments for emergency vacancies.

Make the local agencies an integral part of the survey.

Have the local agencies collect their own problem cases for examination.

Explain beforehand the types of cases in which your clinic can give assistance; otherwise you will receive feebleminded and frank mental-disease cases almost exclusively and lose all behavior problems of high intelligence and border-line-mental-disease cases.

Accept all cases referred within the time limit from whatever source, even if you think they are not properly selected for the clinic.

Begin social treatment early on a very limited number of cases. This is decidedly worth while for demonstration purposes.

Keep each department of the staff informed of the working plan of the other departments in order that the entire group may work as a unit.

Use every opportunity for lectures or informal discussion of mental-health problems.

Make plans for a permanent organization.

HISTORY, PURPOSE, AND POLICY OF THE NATIONAL RESEARCH COUNCIL'S COMMITTEE FOR RESEARCH ON SEX PROBLEMS

EARL F. ZINN

Executive Secretary, Committee for Research on Sex Problems

THE following statement concerning the work of the Committee for Research on Sex Problems of the Division of Medical Sciences, National Research Council, is presented primarily to report the fact that a serious attempt has been made to further systematic research on sex problems. The report, however, may be of interest, not only for its reference to specific information relating to the problem of sex research, but also as an example of a method by means of which a comprehensive research problem may be successfully attacked by the coöperation of various institutions and individuals through the National Research Council.

The Committee for Research on Sex Problems was organized in November, 1921, for the purpose of promoting, coördinating, and systematizing research in the general field of sex, to the end that conclusions now held might be evaluated and better understanding of human sexuality obtained. The steps that led up to the formation of this committee are briefly as follows:

In October, 1920, the present writer was retained on the staff of the American Social Hygiene Association, attached to its department of sex education, with an assignment to investigate the possibility of the development of a systematic research program on sex problems. As a result of personal interviews with representative biologists, physiologists, psychologists, and physicians, it became evident that in the opinion of those interviewed systematic research in this field was both desirable and feasible, but that such research should be administered by an accredited scientific institution.

Having fulfilled its mission in supporting the project to this point, the American Social Hygiene Association referred the writer to the Bureau of Social Hygiene, and endorsed his request that the bureau appropriate funds to permit further promotion of the project. This request for funds was granted and the matter was formally presented to the National Research Council through the Division of Anthropology and Psychology. The division was asked to pass upon the feasibility of the project and to suggest plans for its organization, administration, and financing. After careful consideration, it was decided by the division, at its annual meeting in April, 1920, that while psychologists and anthropologists could contribute to such an investigation, the most practical avenue of approach administratively was through the medical sciences. The request was, therefore, passed on to the Division of Medical Sciences of the council.

In October, 1921, a conference of representative investigators and physicians was called by Dr. Victor C. Vaughn, then chairman of that division, for the purpose of advising the council with reference to the request before it. This conference was attended by the following: Professor Edward Grant Conklin, Mrs. Paul G. Woolley, Dr. Alice Hamilton, Dr. Walter B. Cannon, Dr. William A. White, Professor Michael F. Guyer, Dr. Frankwood E. Williams, Mr. Earl F. Zinn, Dr. Carl E. Seashore, Dr. Lewis R. Jones, Dr. Robert M. Yerkes, and Dr. Albert L. Barrows. After two days of careful deliberation, in which the problems involved were considered from the angles of all of the related biological sciences, this conference adopted the following resolution:

> "The impulses and activities associated with sex behavior and reproduction are fundamentally important for the welfare of the individual, the family, the community, and the race. Nevertheless, the reports of personal experience are lacking and the relatively few data of observation have not been collected in serviceable form. Under circumstances where we should have knowledge and intelligence, we are ignorant. To a large degree our ignorance is due to the enshrouding of sex relations in a fog of mystery, reticence, and shame. Attitudes toward the subject have been fixed by moral teaching, medical instruction, and social propaganda, all based on only a slight foundation of well-established fact. In the presence of this secrecy and prejudice, scientific investigation would be difficult. The committee is convinced, however, that with the use of methods employed in physiology, psy-

> chology, anthropology, and related sciences, problems of sex behavior can be subjected to scientific examination. In order to eliminate any suggestion that such inquiry is undertaken for purposes of propaganda, it should be sponsored by a body of investigators whose disinterested devotion to science is well recognized. For these various reasons the committee recommends that the National Research Council be advised to organize and foster an investigation into the problems of sex."

Acting upon the report of this conference, the National Research Council endorsed the project of systematic research of sex problems and accepted responsibility for its administration. The chairman of the Division of Medical Sciences, acting with the chairman of the Division of Psychology and Anthropology and of the Division of Biology and Agriculture was instructed to effect a permanent organization within the council to direct and be responsible for the project. The following committee of five, representing the related biological and social sciences, was appointed:

Dr. Walter B. Cannon, professor of physiology in the Harvard Medical School, Harvard University;

Dr. Edward Grant Conklin,[1] professor of biology in Princeton University;

Dr. Katharine Bement Davis, general secretary of the Bureau of Social Hygiene, New York City;

Dr. Thomas W. Salmon, professor of psychiatry in the College of Physicians and Surgeons, Columbia University, formerly medical director of The National Committee for Mental Hygiene;

Dr. Robert M. Yerkes, chairman of the Division of Research Information of the National Research Council, formerly professor of psychology in the University of Minnesota.

This committee elected Dr. Robert M. Yerkes chairman and on January 1, 1922, assumed responsibility for the development of the project.

With the conclusions and suggestions of the preliminary conference before it, the committee first proceeded to a general definition of purpose and policy and the formulation of a mode of attack. As a result of a preliminary study of the problem, the purpose and policy were defined in a preliminary report to the Division of Medical Sciences, National Research Council, under date of March 15, 1922, as follows:

---

[1] Professor Conklin resigned from the committee on July 1, 1922, and Professor Frank R. Lillie, professor of embryology in the University of Chicago, was appointed in his place.

> "In formulating the purpose and policy of the Committee for Research on Sex Problems, it is not implied that no work of value on sex problems is being done, or that biological research is unsystematic and uncoördinated. Much valuable work on sex has been done or is in progress, and there is constant effort to systematize and coördinate biological research in terms of each science, as rapidly as development of method and resources permit. It is in relation to sex problems *per se* that no concerted effort to stimulate, systematize, and coördinate research has been made. From this angle, research on sex problems is sporadic, and, as a result, our knowledge is chaotic. Much that is of value will undoubtedly be learned from research as conducted at present, but, from the standpoint of urgent sex problems, it will be incidental. More rapid progress toward an understanding of sex in its many phases will result, if, in addition to the work now being done, a systematic attack from the angles of all related sciences, with knowledge of sex as the central objective, is made. This is the main purpose of the committee. Stated concisely, it is: *To conduct, stimulate, foster, systematize, and coördinate research on sex problems, to the end that the conclusions now held may be evaluated and our scientific knowledge in this field increased as rapidly as possible.*
>
> "*It is the policy of this committee:*
>
> "1. To interest scientific workers in this project to the end that their coöperation and aid in the formulation of problems and technique for their study may be secured.
>
> "2. To utilize existing agencies in the study of such problems.
>
> "3. To be responsible for the wise expenditure of funds secured for this work.
>
> "4. To conduct types of research not requiring laboratory facilities (utilizing its secretary and clerical staff here).
>
> "5. To encourage younger workers of promise to shape their training for work in this field."

The task of organizing research in a field so extensive and complex as sex presented a number of important and difficult problems. Outstanding among these was that of defining the term "sex problems" and limiting the scope of the investigation. Before attempting to deal with these, however, a preliminary survey was made, designed to give orientation with regard to the general status of the problem. This survey revealed a few researches of obviously fundamental importance in progress; it elicited an enthusiastic response from scientific workers in the various fields, indicating an active interest in the project; and it materially assisted the committee in marking out the major fields in which research might profitably be initiated or extended. In addition a practical mode of attack was suggested. The logical procedure at this point would have been for the committee to limit the scope of the investigation and define the central problem. In view of the complexity of the subject, however, the logical mode of attack did not appear to be the practicable one. The preliminary survey, as we have said, indicated certain lines of investigation of such obviously fundamental importance as to warrant their inclusion even before strict delimitations were attempted. The committee determined, therefore, to initiate and extend investigations in these particular fields, at the same time continuing its study of the problem as a whole.

A careful investigation of specific projects in the fields indicated revealed in several instances that investigators were working under the handicap of limited resources. In other instances it was learned that investigations could be disproportionately extended with additional financial aid. Here, for example, were existing laboratory facilities, trained personnel, and definitely formulated programs, portions of which were being carried through under the direction of thoroughly capable investigators. In still other instances projects were proposed by interested investigators on which work could be begun whenever funds were available. In view of this the committee determined to appeal for funds with which to support the researches selected and to enable it to continue its study of the problem incident to the further development of the work.

In response to the council's appeal, the Bureau of Social Hygiene appropriated funds for this purpose. The committee thereupon voted grants to the following:

The University of Minnesota—work under the direction of Dr. Karl S. Lashley.

Problem: Investigation of the sensori-motor and glandular components of sexual behavior in the rat.

Harvard University—work under the direction of Dr. Roger I. Lee.

Problem: Inquiry into the norm of sex life of university students.

The University of California—work under the direction of Dr. Herbert M. Evans.

Problem: A study of nutritional and glandular factors in relation to the œstrus cycle in the rat.

Cornell Medical School, Cornell University—work under the direction of Dr. Charles R. Stockard.

Problem: A study of glandular factors in relation to the œstrus cycle in the guinea pig.

Johns Hopkins University—work under the direction of Dr. Donald R. Hooker.
Problem: A study of the effects of X-radiation on reproduction.

The University of Chicago—work under the direction of Dr. Frank R. Lillie.
Problem: A study of the sex hormones and the effects of castration and gonad transplantation with special reference to birds and mammals.

The University of Texas—work under the direction of Dr. Theophilus S. Painter.
Problem: Mammalian and human spermatogenesis.

The State University of Iowa—work under the direction of Dr. Bird T. Baldwin.
Problem: To determine the relation of pubescence in boys to the appearance of sperm cells.

Phipps Clinic, Johns Hopkins Hospital—work under the direction of Dr. Adolf Meyer.
Problem: Collation of replies to a sex questionnaire to medical students and other persons; and organization of detailed observations of the sex life of selected groups over a period of time.

Stanford University—work under the direction of Dr. Calvin P. Stone.
Problem: A study of the sexual behavior of white rats as correlated with known anatomical and physiological changes induced by chronic and acute inanition.

With these investigations under way and subsidized for the period of one year, the committee again turned to the problem of defining more clearly the nature and scope of the project. Though it was motivated originally by the need for a better understanding of sex in its human aspects, this was not interpreted by the National Research Council or by the committee to mean that the investigations were to be solely of a technological nature determined by the needs of medicine, education, and social hygiene. The pressing need for useful knowledge was realized, and while it was agreed that these problems should be given all possible consideration, it was the opinion of those responsible for the project that its objective should be more inclusive; that in addition to contributing to the alleviation of current individual and social sex problems, it should also aim at a better understanding of the underlying factors—biological, physiological, and psychological—that are basic to any real understanding of sex in its human aspects.

This conception markedly extended the scope of the undertaking and brought the realization that its systematic development would be a matter of years. It necessitated the adoption of certain selective principles if the research were not to flounder hopelessly in this complex field. A large amount of research on sex problems has been done and is in progress, ranging qualitatively all the way from rigid experimental investigations with lower organisms to cursory clinical studies of man. Much, however, that has been done or is in progress is but remotely related to human aspects. It is the task of this committee to select from these fields those lines of investigation which are in accord with the central objective—namely, a better understanding of the human aspects of sex. The committee, therefore, set up as a guiding purpose the promotion and support of those researches that give most promise of contributing to an understanding of the sex life of man.

There remained, however, another pertinent problem. In the more fundamental biological, physiological, and psychobiological investigations, in which lower organisms are used, experimental conditions can be maintained. Fortunately many of the underlying problems can be worked out initially here. But unfortunately the results are not always directly applicable to human needs. If the alleviation of human sex difficulties is not to wait upon the slow progress of fundamental research, it is necessary to study directly the higher forms of life, including man, even though the accuracy of the experimentalist must be sacrificed in some instances for the less acceptable methods, scientifically considered, of the clinician. When this is done, however, the results should be but tentatively accepted and every effort made to check and supplement them by specific investigations under experimental conditions.

So, while the committee obviously favors experimental investigations, it recognizes the need for a simultaneous attack on the more complex human problems with the best methods available. It determined, therefore, to promote and support important investigations in which human subjects are used, but decided that these investigations should be selected on the basis of the degree to which the methods employed conformed to the requirements of science. It also determined to encourage and support at every opportunity methodological research applicable to the study of human sex problems.

Still another point should be emphasized in this connection. The investigation of sex problems at biological and physiological levels is extensive and fairly well organized and coördinated. The committee is faced with no great difficulties, apart from those of selection, in developing a systematic and coördinated program here if funds are available. With reference to the study of human problems, the situation is not so favorable. Therapeutic, educational, and social considerations instantly demand a better understanding of sex phenomena, but because of the complexity of the problem, trained investigators have frequently turned to fields where complicating factors can be more readily eliminated, leaving this field to the clinician, the educator, and the social worker. This has resulted in a large amount of sporadic research, much of which is of doubtful value. The introduction of better methods and the coördination of researches in this field offer a splendid opportunity for committee initiative.

Having defined in general terms the nature and scope of this project, the next step in organizing the work was the choosing of the major fields in which intensive and systematic investigation should be carried on. Selection of these major fields, however, was dependent upon several considerations:

1. The futility of selecting them without reference to the availability of interested trained investigators was apparent.
2. The existence of adequate research facilities had to be taken into account, for though these could be provided where lacking, the initial cost and the uncertainties of rsearch indicated the dsirability—particularly at this stage in the development of the project—of utilizing existing facilities wherever possible.
3. While certain lines of research might be indicated by obvious needs—as, for example, the isolation of the sex hormone or the relative rôles played by internal and sensori-motor factors in determining the source, strength, and direction of the sex drive—the question whether our knowledge at present is sufficient to warrant an attack here or whether methods have been evolved to the point where they can be fruitfully applied had to be considered.

The initial survey had indicated, sufficiently for practical purposes, the situation with reference to these considerations. The committee, therefore, turned to the projects it had subsidized. These, it was found, could be classified in four main divisions, all of which are important and all of which afford opportunity for the development of relatively systematic programs. These major lines were designated as follows:

1. Biology of sex (systematic and genetic aspects)
2. Physiology of sex and reproduction
3. Psycho-biology of sex (infra-human)
4. Psycho-biology of sex (human, including anthropological, ethnological, and socio-psychological aspects).

The committee next turned to a consideration of the best methods of organizing and administering the research. To the extent to which the committee had a policy in the beginning, it was opportunistic and resulted in the subsidization of a few discrete investigations, selected largely on the basis of individual merit rather than in relation to a coördinated program. This procedure has served very well to date. It has permitted the committee to support obviously important investigations, and at the same time has provided opportunity for the continued study of the problem. The experience of the past year, together with the experience of other large research projects, indicates, however, that this probably is not a sound permanent policy for the promotion and administration of research. While it capitalizes the enthusiasm and interest of the individual investigator, it presents serious disadvantages quite apart from the handicaps of isolation. The difficulties of supervising and coördinating such investigations are obvious. In relation to a project where coördination and systematization are paramount, this is an important consideration.

As an alternative, the committee turned to the consideration of a plan for the complete centralization of its interests in a single institute devoted to the study of sex problems from the angles of all the related biological sciences. The advantages of such a plan are apparent, and ultimately, when knowledge is better organized and the major lines of investigation finally determined, this may be the logical step. However, it is the opinion of the committee that this step is not warranted at present even if funds sufficient to provide, equip, and maintain such an institute were available. The avoidance of a crystallization of program is of the utmost importance for a few years at least.

But while the committee is unwilling to recommend at this time a plan involving the organization of a specialized institute for the study of sex problems, it distinctly favors the principle of centralization in the conduct of research. The effort to apply it to the degree to which the present status of this project warrants led to the formulation of a plan for partial centralization in which related investigations might be brought together in one center, located in some existing institution. Because the study of sex phenomena along the lines indicated lends itself to both practical and systematic division, the establishment of centers for the major lines of investigation is entirely feasible. The major divisions selected by the committee as a result of both practical and logical considerations are well adapted to serve as a basis for the organization of such centers.

The adoption of this policy does not, however, preclude the continuation of the present policy of subsidizing discrete researches where this is found to be desirable. Rather a continuation of this policy in connection with that of gradual centralization will serve to locate interest and make contacts that may result in the organization of additional centers. For obviously the four major divisions suggested are too inclusive for eventual intensive investigation. This plan marks no radical change in policy or procedure. It can be initiated in a small way and expanded as rapidly as the results of the various investigations indicate and funds permit. To summarize, it presents the following distinct advantages:

1. It utilizes existing research facilities, including experienced investigators (and graduate students in the case of a university).
2. It does not necessitate a heavy initial expenditure for material equipment in the form of buildings and laboratory facilities.
3. It is elastic in that the work in a center can be expanded or curtailed as the exigencies of the research situation indicate. It also permits expansion through the organizing of additional centers as the project warrants and as funds can be secured.
4. It is adapted to further centralization, even to the extent of confining all work in a single institute, if this is found to be desirable.

5. It permits the support of such isolated investigations as seem practicable.

6. It is well adapted to administrative control by a central committee.

After the National Research Council voted to assume responsibility for the promotion and administration of this project, one of the first problems faced was the determination of the type of administrative agency best adapted to direct it through the initial stages. Two alternatives were presented. Should control be lodged in a director and an advisory committee, or in an executive committee? Obviously the former was desirable from the standpoint of efficiency. Practical considerations argued for the latter. The obvious importance of permitting equal representation of the related biological sciences, thus preventing the possibility of the domination of any one particular point of view, especially in the formative period of development, took precedence over considerations favoring a director, and the present committee was appointed. In order to obviate to as great a degree as possible the loss in efficiency concomitant with committee administration, an executive secretary was employed to handle matters of administrative routine and otherwise carry out the instructions of the committee.

While the committee is still of the opinion that the decision of the council with reference to this matter was justified, in looking forward to the further development of the project—particularly in view of the policy of the council to develop research enterprises to the point of autonomy as rapidly as possible—it has given careful consideration to the problems of administration during the past year. It has looked upon the present arrangement as a temporary one and stands ready to recommend changes when in its opinion the development of the project warrants. In planning the work for the next few years, particularly in relation to the proposed plan for the organization of research indicated above, and after taking into account the numerous factors that have a bearing here, the committee decided that the present administrative organization should be continued for the next three years or for as much of that period as present considerations pertinent to this decision hold.

For the present, then, this committee is continuing to support research projects that come within the scope of its program, to the extent that its funds permit. It invites investigators to submit research plans and estimates of cost. It is continuing its study of the general problem with a view toward defining with increasing clarity the fields in which research should be fostered and promoted, and is endeavoring to coördinate this work by bringing together related investigations in suitable centers as rapidly as conditions warrant. For this purpose the Bureau of Social Hygiene recently appropriated funds sufficient to permit the committee to continue the program as outlined to June 30, 1925.

More detailed reports of the various investigations sponsored by the committee will be presented from time to time.

MAN'S LIFE

Minutely trace man's life; year after year,
Through all his days let all his deeds appear,
And then, though some may in that life be strange,
Yet there appears no vast nor sudden change;
The links that bind these various deeds are seen;
And no mysterious void is left between.
But let these binding links be all destroyed,
All that through years he suffered or enjoyed,
Let that vast gap be made, and then behold—
This was the youth, and he is thus when old;
Then we at once the work of time survey,
And in an instant see a life's decay.

—Crabbe.

CHILDREN IN THE MENTAL-HYGIENE CLINIC OF ST. ELIZABETHS HOSPITAL

WINIFRED RICHMOND

Associate Psychiatrist, St. Elizabeths Hospital, Washington, D. C.

THE out-patient department of St. Elizabeths Hospital, under the direction of Dr. Loren B. T. Johnson, has from the first been especially interested in the problems of children, believing as we do that childhood is, in the words of Dr. White, ‘‘the golden period for mental hygiene’’, the time when maladjustments and twists of development can be most easily discovered and corrected. The department maintains a mental-hygiene clinic, but it has been able to devote but one half day a week to children, and as we have no facilities for physical examinations, the work has necessarily been limited. But in spite of handicaps of various sorts, we have been able to handle in twenty-seven months 180 children, a number of whom have been examined more than once and some repeatedly.

Washington has no official child clinic, although for a time a school psychologist was employed, and also one in the juvenile court. The Board of Children’s Guardians, the Juvenile Protective Association, The Woman’s Police Bureau, the Associated Charities, the juvenile court, and all the other organizations that care for dependent and delinquent children must use the clinic at Providence Hospital —a small private clinic—or the mental-hygiene clinic of St. Elizabeths, when mental problems arise in their wards. Since the cases handled at these clinics must necessarily be few, courts and social workers have formed the habit of asking for help on only the most puzzling ones. This has resulted in bringing to the clinic a number of exceedingly interesting cases.

In the first days of the clinic, the director was impressed by the exhortation of a probation officer who had brought a very troublesome boy for examination: ‘‘Please don’t tell us that he is psychopathic. We know he is something awful, whatever you call it. But please tell us what to do about it.'' And the more experience we have, the more convinced do we become that our function is to discover, so far as possible, ''what to do about it'', and not merely to give a name to whatever mental abnormality we may find. To say that a child is feebleminded or psychopathic is not to account for his difficulties; as Dr. Fernald, of Waverley, has so often pointed out, many feebleminded persons are living happy, useful lives in the community, cared for and protected by their families and friends. Feebleminded persons differ among themselves in temperament, in emotional stability, and in ability to use what mentality they possess, just as the rest of us do. Because they are to be forever children in their intellectual outlook upon life, adjustment to adult standards of conduct is inconceivably more difficult for them than for normal children, for whom it is indeed difficult enough. But in an environment where their limitations are understood and no demands are made upon them that they are not capable of meeting, defectives as such are no more problems than the average child. That social workers are learning this, and learning to give the child a chance in a good environment before suspecting him of being an institutional case, is evidenced by the fact that out of our entire group of cases something less than 20 per cent were found to be feebleminded, and in practically every case there were other factors besides the defect that prompted the worker to refer the child. The other 80 per cent included nearly every behavior problem found in childhood—the truant and the thief; the pathological liar; the child sex offender and sex pervert; the ''nervous'' child, with tics or mannerisms, stammering, abnormal fears or mental conflicts; the epileptic, with trances or fugues or tantrums; the pre-psychotic, with paranoid trends gradually becoming fixed and elaborated, or with obessive word imagery growing into ''voices''; the repressed and inhibited child, whose instinctive life, thwarted in its normal development, is finding its way out by devious underground channels; the child of superior intelligence who, because his superiority is not recognized and given sufficient outlet, is forced to employ it in socially unapproved ways.

Viewing each child as a problem in the dynamics of behavior, we have endeavored to learn all that we could about him and from him—especially the latter—before deciding what to do about him. We have asked for and in nearly every case received as complete a history as possible; physical examinations have been made and indicated treatments or other procedures carried out. At the clinic a careful psychological examination is made, including the use of intelligence tests, performance tests of various sorts, association tests, and, where we feel it necessary, school tests. The object of this examination is not so much to assign the child a mental age or other rating as to discover what abilities he possesses and how well he is able to use them. If a twelve-year-old child scores at nine years, what is the reason for this rating? Is it because he has never developed beyond the nine-year level, because his abilities are irregular, because of the influence of emotional factors, or because of epilepsy or some organic brain disease? This is determined, so far as possible, in one examination, and the results, together with the history, are reviewed by the director, who then takes the child for a *psychological* interview. In this interview the child's instinctive and emotional life is explored, with a view to determining fixations and abnormal trends. Often the child is asked to return again or several times for further interviews, until his difficulties are straightened out or we have a fairly clear idea of what should be done for him. But, alas, so often what should be done cannot be done! The district has no institution for the feebleminded, although the money for one has been appropriated; it must board its defective wards in institutions in other states, and obviously only those cases that have proven themselves a menace to society can be so disposed of. Young defectives who, if they could spend their late childhood and adolescence in a training school where good habits are inculcated, might become useful members of society must remain in the community until they become delinquent, when they are eligible to the Industrial Home School. The "psychopaths", those exceedingly difficult children who seem unable to make a satisfactory adjustment of any sort in the community, must be tried again and again in this place and that, until the community's patience is worn out and they, too, land in the Industrial Home School. We are greatly in need of a school in which this type of child could be cared for and studied. We know so little about them, of the origin of their peculiarities or the genesis of their difficulties. They are sometimes the possessors of brilliant abilities and are capable of adding much to the world's knowledge or happiness if those abilities could be trained and used. Our efforts to adjust them in the community are nearly always failures. Whether or not, with proper institutional training through childhood and adolescence, such children would be able to make satisfactory social adjustments remains to be seen. We are not referring to an institution in which the child would be confined and would feel himself a prisoner, but to one conducted after the manner of our best boarding schools —with authority to discipline and restrain when necessary —where each child could receive expert individual care and attention, with the goal always in view of fitting him to take his place as a contributing member of society when he reached maturity. Such a "school" would necessarily be under the direction of a psychiatrist or a psychologist of broad experience, and care-takers and teachers would have to be selected with special care. The venture itself should be regarded in the light of an experiment, as a research problem in the care and training of psychopathic children. Until some such program is carried out, we must continue to do the best we can for these cases, trying by patient study of the child himself to discover the reasons for his abnormal behavior and advising measures that seem best designed to correct them.

In some of our cases of the type usually called psychopathic, we have had a fair degree of success in adjusting the child; in others, the character trends have seemed too firmly fixed, and their origin was too obscure to afford us a clue to their meaning. But we have never allowed ourselves to become discouraged in our search for the causes and reasons of abnormal behavior. In the majority of cases sufficient reasons are apparent, although upon closer search they do not always prove to have been the most potent in the production of the child's aberrancies. In other words, defective heredity, bad environment, poor home conditions, physical abnormalities, or defective mental endowment, are not in themselves sufficient to account for abnormal behavior. The problem presented by one child is different from that of any other, and is conditioned by his personality make-up and the reactive habits he has formed. Hence the necessity of studying the child himself, of analyzing the motives that lie back of his behavior, and of discovering the "action pattern" upon which his personality is being formed.

Only twelve of our series were children who could truly be called normal—that is, whose intellectual development was fairly commensurate with their age and whose emotional life was functioning normally. One of these was a spastic diplegic, six years old, who, because of his physical condition, had been thought to be mentally defective. He was placed under a speech teacher who did wonders with his defective speech, and special training suited to his condition was advised. Two others were young children whose adoption was being considered. A fourth was a thirteen-year-old boy who had left his home in a Georgia mill town to travel to Washington with a medicine show, in which a man promised him employment. Several others were children brought by their parents because of some behavior difficulty that was worrying them. One eleven-year-old youngster with an I. Q. of 137 was failing in the seventh grade because he was too bored with the work to pay any attention to it.

But the great majority of cases were children with intellectual or emotional difficulties or both. Henry C., a little colored boy of seven, whose peculiar conduct baffled his caretakers, heard voices that called him bad names and prompted him to improper actions. Mary A., fourteen, in the first year of high school, always a model little girl, suddenly stole $40 from her mother and bought a ticket to Louisville; once there she took steps to get back home again, much frightened at her action and unable to explain it. Nannie B., formerly a bright girl, but now doing foolish things, with attacks of dizziness during which her conduct was wholly irrational, proved to be an epileptic whose personality was rapidly disintegrating. The "dizzy spells" were petit mal. Mason S., at six years testing seven months above age, stammered, had a facial tic, and gave a typical neurotic history.

William M., seven years old, with an I. Q. of 138, was moody, excitable in crowds, and sometimes silly and uncontrolled in his actions for twenty-four hours. Investigation revealed the fact that he was greatly grieved over his father's separation from his mother. He played with dolls, even sewing for them, was "crazy about bridal veils" and passionately fond of music—"has to hold on to his soul when the Hallelujah Chorus is playing"—and was exceedingly interested in religion; as a young child, he had an imaginary playmate, "Mrs. Bowow". This child, brought by his intelligent mother because she realized the abnormality of his behavior and, knowing that he had a bad heredity, feared for his future, was quite plainly suffering from an unwise emotional projection on the part of his mother. As the only male in the family circle, she was centering upon him all the affection denied normal outlet in her relations with her husband, and though theoretically she was awake to the danger of such a relationship, she was quite blind to the fact that she was actually indulging in it with her sensitive little son.

Morris H., ten years old, was sent with his mother by a friend who felt that something was wrong with the boy, who was an accomplished story-teller, twisting ordinary events in a remarkable manner, with a liberal sprinkling of policemen and detectives and of the supernatural in the persons of God, devils, and ghosts. He had traveled with his mother in the Salvation Army, and attracted much attention by singing plaintive songs on the street corners and in baby accents exhorting the crowds to "flee the devil and the wrath to come. The devil's goin' to get you if you don't seek salvation in the arms of my Redeemer—hallelujah! Bloody swords are turnin' at the gate of Eden, and the Holy Ghost is seekin' to save!" This speech and others of the same tenor he recited with great gusto at the clinic. His mental age was 6 years, 6 months, and six months later it was the same except for one half credit. He was a feebleminded child of the alert, active type, whose verbal abilities far outstripped any power of comprehension or ability to handle a concrete situation. He was still in the first grade, having never learned to read or write.

Frank W., sixteen, with congenital syphilis, appeared superficially quite bright, was interested in wireless, and planned to become an electrical engineer, although he had not finished the seventh grade, having been expelled two years before on account of his exceedingly troublesome conduct. His home was a superior one and the court had made every effort to keep him in it. He was stubborn, utterly unreasonable, and violent when crossed, and felt that he had no friends, that every one was against him. This boy is still under observation and seems a case of paranoid psychosis in the making.

And so we might continue indefinitely through our whole series of cases. Each presents its own problem and its own points of interest, though for purposes of study it may be grouped with others that show somewhat similar features. If we keep firmly in mind this individuality of every case and the need for individual handling, we may think of these children as falling into certain groups somewhat as follows:

1. The feebleminded, or those whose intelligence will never develop enough to enable them to adjust at an adult social level without careful training and more or less continued oversight. Practically all our cases in this category were defectives with mental twists and maladjustments which not only complicated the situation, but sometimes obscured the original defect almost completely. Perverted modes of reaction were in many cases so firmly established that institutional care was imperative, even though the defect itself was not of so great a degree.

2. Children of border-line and subnormal intelligence in whom conditions similar to those in the above group were operating to prevent even such adjustments as they were intellectually capable of making. Poor heredity, broken homes, vicious companions, lack of school facilities suited to their needs, appear as causes of their abnormal behavior. This is the group par excellence whose intellectual capacities are unrecognized and unprovided for in our public-school system. The limit of their ability in academic work is reached in the sixth or seventh grade, and thereafter they mark time until the legal age for leaving arrives. If they are pushed on into the eighth grade or even the high school, as

occasionally happens with the children of better families, their failure to make good there deepens their sense of inferiority, and their efforts at compensation are apt to take asocial or even antisocial forms. Children whose only hope of industrial success lies in manual labor or the simpler skilled trades are turned out of school with a smattering of knowledge in academic subjects of which they can make little use, and no preparation whatever for their real life tasks, either economic or social. Teeming with adolescent emotions and without the intellectual ability to understand or control them, these children launch out into life, and disaster follows. A great number of cases in every mental clinic are of this type—children and youth below the average in intellectual endowment who, in attempting to compete with their normal fellows, go on the rocks. We have undertaken to mend matters by making schooling compulsory and raising the age limit, but without providing anything of interest or profit to the child to fill the added years. Our vocational and trade schools and courses appeal to the child of initiative and intelligence, with capacity and ambition to rise in the world, and not to the slowly developing child of sub-average intelligence. A suitable pabulum for his mental appetite is yet to be devised.

3. The constitutional psychopaths—those children in whom defects in the emotional and volitional spheres are complicated by very irregular intellectual abilities, so that no matter how talented or brilliant they may appear in one ability, in others they are very backward or totally lacking. For this reason they are always one-sided personalities, appearing to be living in a world of their own and incapable of grasping the reality which the rest of the world apperceives. They are exceedingly difficult children to deal with; promises are glibly made and easily broken, appreciation of the truth is beyond them, gratification of their own impulses seems the thing most worth while. Because of his tendency to phantasy, one can never be sure that one is getting anywhere in tracing the origin of the psychopath's difficulties. Until some way of handling him similar to that described above is devised, we are greatly handicapped in studying him.

4. The psychoneurotics and the pre-psychotics, among

whom we place all the cases of unstable nervous make-up, the stammerers, the bed-wetters, the sufferers from fears and obessions, the children with "spells" (when not clearly epileptic) with tendencies to dissociation, to seclusion and introversion, to depression, with paranoid trends, and with homosexual or other perversions. These children are coming to the clinic in increasing numbers. As a group they are of superior intelligence, though some of the conditions from which they suffer are found at all levels of intellectual development. The paranoid reactions are frequent in defective or subnormal cases, as a defense reaction of the ego, an overcompensation for the inferiority; and the sexual perversions are common in them because of their poor powers of inhibition and their inability to grasp our standards. The children with fears and obsessions, with tendencies to daydreaming and introversion, or with hysterical manifestations, are apt to be of superior intelligence.

5. The sufferers from organic disease—epileptic, post-encephalitis, or poliomyelitis cases, cases of glandular dysfunction, and the spastic hemiplegias or diplegias. Such children are brought to us for advice concerning the type of training feasible for them, and for information as to what is good mental hygiene in their cases.

6. Normal children with mental-hygiene problems or environmental difficulties.

In this brief study we have attempted to outline the work of the mental-hygiene clinic in Washington in so far as it relates to children. It will serve to suggest, we hope, the value of such work and the urgent need that it be developed upon a much larger scale. The two clinics now in operation can handle but a tithe of the cases that need their services. Until such services can be provided for all children, regardless of race or social station, welfare work in the nation's capital is greatly handicapped.

PROBLEM OF THE QUASI-DELINQUENT IN THE SCHOOL*

DOROTHY WALLACE

Psychiatric Social Worker, Child Guidance Clinic No. 2, The National Committee for Mental Hygiene

IN considering the problem of the treatment of the quasi-delinquent in the school, my intention is to include not only the group of children who may be deemed potential delinquents, but also those who have already manifested a certain degree of delinquent behavior.

It is becoming generally recognized that juvenile delinquency is primarily a problem for the public schools to solve, for what other social agency has the almost universal opportunity to observe in children early signs of delinquent tendencies, so that preventive measures may be initiated before out-and-out delinquent careers are established? While educational treatment has often been found to be efficacious even after court procedure has been necessary, how much more effective would be an earlier recognition of individual problems of maladjustment, whether social or educational, so that every educational and social facility could be utilized in helping the child to adjust himself.

As definite evidence that the problem of the treatment of quasi-delinquent children is one in which the educational system has an important function, attention may be called to the report of the proceedings of the annual conference of the National Probation Association in 1922.[1] The relative importance that this topic takes is indicated by the fact that almost one-eighth of the report is given over to the school aspect of the prevention of delinquency. The fact that the unofficial work of the juvenile court—namely, the adjustment of cases without court action—is increasing in most cities,[1] forcibly demonstrates that there is a large class of semi-delinquent children who do not rightfully belong under the jurisdiction of the court and yet for whom no other agency has accepted responsibility. It seems logical to conclude that these are problems for school and home adjustment, since admittedly the court does not claim them as its own. Why should it not be more natural for parents and the public in general to turn with their problems of childhood to the school rather than to the court, for what agency other than the home has more intimate knowledge of the child, its abilities, handicaps, ambitions, personality make-up, and behavior?

---

* Submitted and accepted in partial fulfillment of the requirements for the diploma in the Smith College School for Social Work, August 30, 1923.

[1] *The Social Service of the Courts.* (Proceedings of the Sixteenth Annual Conference of the National Probation Association.) New York: The National Probation Association, 1923.

Judge Frederick P. Cabot is quoted as having made the statement: "The case comes to court only when the other educational forces break down, when the school fails with the child, when the church fails, when the parents fail."[2] It is obvious that for the most part the schools have not come to realize that they have a distinct function along preventive lines, or they would not so willingly and so early shift to the courts the responsibility for their problems of malbehavior.

Doctor Lilburn Merrill, formerly chief diagnostician in the Seattle juvenile court, remarks: "There is such a condition as incipient criminalism, and the way of approach to its effective treatment does not necessarily lead to the juvenile court. The study of causation has revealed the importance of these observations by indicating that juvenile delinquency is a state or attitude of mind which develops gradually and presents a series of early symptoms that are observable, and which may point the way more often than we are aware to corrective treatment. What needs to be done and is being done with increasing care in several communities is to recognize the indications of incipient delinquency and apply corrective treatment in the form of social or personal readjustment at the earliest possible moment through the instrumentality of the schools."[3]

---

[1] *The Social Service of the Courts.* See note 1, page 115.

[2] Ibid.

[3] "Public Schools and Treatment of Delinquent Children", by Lilburn Merrill, M.D. *Journal of Delinquency,* Vol. 5, November, 1920. p. 207.

Indeed, it is apparent that there is a widespread agreement among juvenile-court officials that the public school has a fundamental place in treating the quasi-delinquent. At the National Probation Association Conference in 1922, the probation officers of twenty-one cities especially approved of the "extension of efforts by the educational system toward the handling of malbehavior problems".[1] The representatives of three cities—Minneapolis, Los Angeles, and Syracuse—disapproved on the ground that the schools are too unprepared. Mr. Charles L. Chute, secretary of the National Probation Association, while agreeing that "many children now passing through the courts could appropriately be dealt with by the public schools", adds that "most of the school authorities have been only too glad to leave the handling of delinquents outside of the special school to the court".[2] Mr. Chute urges a closer coöperation between the schools and probation officers, which would probably mean in the long run an earlier appreciation at school of the work that can be accomplished with children who have heretofore been given over to the court's supervision. He believes that dissatisfaction with school is often the cause and accompaniment of delinquency, and mentions the many school adjustments that the probation officer attempts to make. It would seem that though the probation officer be untiring in his efforts and have the most excellent understanding of the problem child, the "adjustor" who is linked up with the educational system sees the school angle of the situation as no one else has the opportunity to see it. This point was tersely expressed by the Committee on Correlation with Educational Agencies of the 1922 Conference of the National Probation Association: "The doing of excellent service to children by excellent social workers is always desirable and meets hearty approval, but such success does not prove that the particular agency to which said workers are attached at the time is in the long run the agency upon which the responsibility for the particular children affected should fall."[3]

---

[1] *The Social Service of the Courts.* See note 1, page 115.

[2] *Probation in Children's Courts,* by Charles L. Chute. Washington: Government Printing Office, 1921. (Children's Bureau Publication No. 80.)

[3] *The Social Service of the Courts,* p. 101.

Educational departments in many cities have already begun to assume the responsibility of attempting to cope with the behavior problems of all but the most serious types of delinquency. The measures employed have frequently consisted of the school's recognition of the individual's needs, physical, mental, and social.

The organization of special classes, homogeneous in membership, with especially adapted curricula taught by experts, is one of the far-reaching methods of dealing with the exceptional child who is at least potentially delinquent. One such type of special class—the type that is undoubtedly most widely found in the larger school systems—is that for backward and defective children. In a recent mental-hygiene survey of over four thousand public-school children in Cincinnati, it was found that "6.2 per cent of the children showed such outstanding disorders of conduct as clearly to depart from average normal behavior". The study further revealed that only 3.3 per cent of the normal children had conduct disorders, while 13.9 per cent of the subnormal, and 14 per cent of the feebleminded children had repeatedly exhibited socially unacceptable behavior.[1] In other words, the study indicated that the children who were defective in mentality were about nine times more apt to be antisocial in their behavior than the so-called normal child.

Dr. Arnold Gesell has made the statement: "About one-fifth of the population of the reformatories is ordinarily defective in mentality. Industrial training and supervised vocational provision, in close relation to local school systems, would make it unnecessary to commit many of this class of delinquents to state institutions."[2]

Hence it is quite apparent that the schools, when they provide classes in which defective children are taught useful things with their hands and acquire through example an orderly behavior, are taking a long first step in the treatment of the potential delinquent. However, in order to have this habit training carry over successfully into outside life, special-class pupils, unless they go into good homes, are in need of continued supervision. And who is in a better position to undertake this than the special-class teacher herself—or some one intimately connected with her—since she is thoroughly acquainted with the child's assets and liabilities? There are only a few meager beginnings in this continued supervision of the defective child after he leaves the special class, but notable strides have been made along this line in Cincinnati.

---

[1] *Report of the Mental Hygiene Survey of Cincinnati*, by V. V. Anderson, M.D. Cincinnati: The Mental Hygiene Council of the Public Health Federation, 1922.

[2] "Public School Provision for Exceptional Children", by Arnold Gesell, M.D. *Annals of the American Academy of Political and Social Science*, Vol. 98, November, 1921. p. 78.

Beside the high-grade feebleminded children and the cases of border-line defect mentioned above as educable to a certain degree in special classes and ungraded rooms, there is a large group of mentally inferior pupils often referred to as "the normal dull", the "motor-minded", and the "congenitally illiterate". This class is very numerous in the elementary school. In a study of 250 juvenile delinquents in the psychiatric clinic in St. Louis, it was found that the middle 50 per cent of these children, whose antisocial conduct had already brought them into conflict with the law, were classified between the border-line mental defective and the low-average grades of intelligence. In some school systems this problem of elementary school organization is met by classifying the pupils into sections of various grades of ability and then providing pre-vocational and concrete handwork for those of the lower grades of intelligence. The pedagogical aspect of this problem is not within the scope of this paper. It is enough to say that it is in this large group of maladjusted and usually retarded school children that disciplinary problems and conduct disorders most often arise. Of 168 children still attending school studied by the psychiatric clinic in St. Louis, school retardation was found in 85 per cent. Obviously the great majority of the children referred to the clinic as conduct problems had not made satisfactory school adjustments. Classification with younger children and lack of interest in the regular school work appear to have an important bearing on conduct. Dr. H. H. Goddard makes the observation: "The problem of the school to-day is not only to socialize its pupils, your children and mine, but it is to socialize the pupils who have only ten-year intelligence and eleven-year intelligence. In the present stage of our knowledge of evolution of the human mind, it seems fairly certain that it requires at least twelve-year intelligence to understand abstract principles; hence socializing can only be done by training them in definite, concrete work with their hands and teaching them such elements of truth and honesty as they themselves can experience.''[1]

Another type of special class that has been prevalent in the larger school systems for several years is that for truants and ''incorrigibles''. Cleveland, in 1876, was the first city in the country to organize a school for incorrigible boys.[2] It is coming to be recognized that better adaptation of the curriculum to the needs of all the pupils will reduce the number that require disciplinary classes. This also presupposes the early recognition of school maladjustments and the initiation of corrective measures. In a recent survey of the Philadelphia schools it was stated that 80 per cent of the boys in the disciplinary classes were over age for their grade, showing that the schools from which these pupils came had failed to meet their educational needs or to help them to overcome handicaps due to mental inferiority, emotional instability, and unsatisfactory home conditions. The report went so far as to say that most of these problems developed from preventable causes.[3]

However greatly the number of pupils who disclose serious conduct disorders may be reduced by early recognition of their maladjustment, there will undoubtedly remain for the so-called disciplinary class the irreducible minimum who suffer from serious, perhaps permanent, personality handicaps, showing symptoms of emotional shallowness, irritability, and other psychopathic traits. ''A necessary feature of the management of these children would appear to be their separation from the general classes of the school. They do not get along well in large classes and they are a disturbing element for others. They need special observation and study and arrangements have to be made for recreation or teaching that cannot be carried out in a general class.''[1]

---

[1] *Juvenile Delinquency*, by Henry H. Goddard, Ph.D. (Chapter IX: *The School's Opportunity to Prevent Delinquency.*) New York: Dodd, Mead, and Company, 1921.

[2] *The Social Service of the Courts*, p. 87. See note 1, page 115.

[3] *Report of the Survey of the Public Schools of Philadelphia*, by the Pennsylvania State Department of Public Instruction. Philadelphia: The Public Education and Child Labor Association of Pennsylvania, 1922. Book 3, p. 40.

In addition to the disciplinary classes for the behavior problems, a few cities have established, under the direct supervision of the local school system, parental schools which provide for habitual truants—or truants and delinquents, as the case may be—who have repeatedly failed to make satisfactory adjustments in the complex environment of the community. The first real parental school was established in Boston in 1896, and at the time of the study of the truant problem in 1915 by Mr. J. S. Hiatt, there were eleven parental schools in the United States.[2] According to Mr. Hiatt's report, some of the schools merely gave an increased amount of manual training, while others taught trades so that upon leaving the school, the boys apprenticed to various concerns could take up regular work in their respective vocations.

The special classes provided in various school systems for children with physical defects, such as malnutrition, defective hearing and vision, and the like, should not be overlooked in enumerating the forces in the school that tend to lessen delinquency, for obviously such physical defects often act as school irritants to the child and thus cause abnormal behavior.

Another hopeful feature for the quasi-delinquent in the school system is the increasing provision of part-time classes, continuation schools, night schools, and employment supervision. Continuation schools have been established in twenty-seven states, twenty-one states having made their establishment compulsory.[3] As will be pointed out later, states differ widely in their age requirements for full-time school attendance, but the mere raising of the compulsory-school-attendance age does not mean that the law can be enforced unless the needs of all the children are met. A common criticism of large school systems is that they are fitted to meet the needs of students of average ability and, it might well be added, of conduct not deviating from the normal.

---

[1] ''Mental Hygiene Problems of Delinquent School Children'', by Sanger Brown, II, M.D. *Proceedings of the National Conference of Social Work at the Forty-seventh Annual Session.* Chicago: National Conference of Social Work, 1920. p. 376.

[2] *The Truant Problem and the Parental School*, by J. S. Hiatt. Washington: Government Printing Office, 1915. (Bureau of Education Bulletin, 1915, No. 29.)

[3] *State Compulsory School Attendance Standards Affecting the Employment of Minors, January 1, 1921.* U. S. Department of Labor, Children's Bureau, Chart Series No. 2. Washington: Government Printing Office.

One of the most noteworthy examples of elasticity in the compulsory-school-attendance law is that in California, which makes the following exemption: "Upon recommendation of the school principal . . . a minor over fourteen years of age may be assigned to a vocational course in a place of employment where it can be shown that the mental development of the child in question would probably be furthered by the occupation selected."[1] In an explanation of the purpose of this law, it is stated that it is designed for three types of children: the subnormal, the incipient delinquent, and the child with a highly developed interest or special talent. It may be remarked that both the first and the last types might easily fall in the middle class, if just such provision were not made. Of the first type, the subnormal boy or girl fourteen or fifteen years old, it is remarked: "Perhaps his mental development might be accelerated in the right job, where he would not be at the disadvantage of constant comparison with younger, brighter children, and where he might develop a degree of hand skill that would mean his happiness. The second type, the incipient delinquent, is the big boy who is the 'bad man' of his class. He 'hates school' and he 'won't be bossed by a woman'. With this type, for the time being at least, the school has failed. In the right job he might develop an interest that would steady him and he might receive the discipline that he needs."[2]

It is not the present writer's intention to enumerate all the vast benefits that will accrue to juvenile workers, but only to point out some of the salutory effects that continued supervision by the school tends to have in the way of preventing delinquent careers. One of the important provisions of the continuation-school law is that pupils shall attend these schools regularly when out of employment. The importance of this is realized when one takes into account the amount of idleness that results from frequent changing of jobs. "At the joint session of the American Association for Labor Legislation and the American Association on Unemployment, December 28, 1917, data were offered to indicate that in large cities one-fourth of all boys and girls who had secured labor permits were always unemployed."[1] "The last report of the Children's Bureau states that the average amount of unemployment for the boy fourteen to sixteen is two months and eighteen days."[2] Hence idleness is indirectly prevented through the enforcement of the continuation-school law, and as Judge Russell, Superintendent of the Reform School at Pontiac, Illinois, says: "Idleness is the bane of our social order."[3]

---

[1] Sec. 3a, Fourth Chap. 885 Cal. Stats., 1921 (S. L., p. 171).

[2] *Enforcement of Compulsory Full-Time School Attendance in California, 1922*, by Georgiana Carden (Superintendent of Public Instruction Bulletin No. 9). Sacramento: California State Printing Office, 1922. p. 25.

A corollary of the work of employment supervision is the vocational-guidance bureau, which is generally coördinated with other socializing forces in the school. Theoretically, the major function of these bureaus is the directing of boys and girls into positions for which they have qualifications and training. In reality, the foundation of their placement work lies much further back in the school system and makes use of other agencies in the school, such as pre-vocational classes, presentation of information relative to basic vocations and local industries, and vocational counseling aimed at preventing a child's leaving school before he has attained the maximum benefit possible to him. The problem of the child who leaves school as soon as the law allows is one of far-reaching consequences. Undoubtedly the ranks of the million fourteen and fifteen-year-old children who leave school each year[4] could be reduced by social, individual, and educational adjustments arranged before the child appears at the certification office with his mind fully made up to give up school and go to work. A very interesting sidelight, indicating a lack of individual school adjustments that might have been remedied, is thrown upon this subject by the data collected from 500 factory children who were interviewed personally regarding their relative interest in school and in employment. When asked how many would prefer school to the factory, providing there were money in abundance at home, 412 out of the 500 expressed a preference for the factory. One typical answer was as follows: "When you works a whole month at school, the teacher she gives you a card to take home that says how you ain't any good."[1]

---

[1] *Junior Wage Earners*, by Anna Y. Reed and W. Woelpper. New York: The Macmillan Company, 1920. p. 156.

[2] "The Continuation School", by Ruth Swan Clark. *The Survey*, Vol. 45, January 8, 1921. p. 542.

[3] See "Vocational Education as a Preventive of Juvenile Delinquency", by A. F. Payne. *School and Society*, Vol. 10, November, 1919. p. 509.

[4] *Junior Wage Earners.* See note 1 above.

It appears, then, that the influence of vocational bureaus is also one that indirectly tends to lessen the amount of juvenile delinquency, although as yet this type of assistance has been very meagerly developed. "It is estimated that less than 1 per cent of junior employees in this country receive guidance and assistance from the public school or from any other qualified agency in selecting their positions or in succeeding therein after initial choice has been made."[2] "If girls and boys seeking employment were to be properly guided and protected in the beginning of their economic independence, there would be less demand for trial of juvenile delinquents."[3]

So far, in this brief summary of the school's enterprises that serve as valuable counteractive measures to the development of juvenile delinquents, we have touched only upon those measures whose results are on the whole intangible, with the two exceptions of disciplinary classes and parental schools. The relation of the modern socialized attendance department in the best school systems to the treatment of the quasi-delinquent in the school is more or less direct, for it is readily acknowledged that it is the function of this school department to deal with the truant problem. As yet, however, in many cities the schools still lean on the juvenile court for the solution of their truancy problems. "In one large city very effective arrangements for handling its own difficulties came about definitely through the action of the juvenile-court judge in flatly refusing to handle any more truancy cases until some reform should have been made in the methods of the attendance department.''[1]

---

[1] *Junior Wage Earners.* See note 1, page 123.

[2] Ibid., p. 27.

[3] Ibid., p. 30.

As an agency in preventing other forms of delinquency, the influence of the attendance department has wide ramifications. ''Some one has aptly called truancy the kindergarten of crime, because it is commonly true that even when truancy is the primary delinquency, it leads to a variety of other offenses that, though secondary to it, may be of great consequence. Bad habits, both of conduct and attitude, are built up that become stronger, of course, the longer they exist.''[2] The tendency to contravene the law in other ways than truancy comes frequently as an aftermath, because ''substitutive activities for school attendance are nowadays of themselves distinctly pernicious.''[3]

Hence there has arisen in connection with some attendance departments the practice of dealing not only with truants alone, but also with those children who have committed misdemeanors or have shown antisocial tendencies that indicate incipient delinquency. For example, in Milwaukee ''the attendance or truancy department refers to the juvenile court only cases in which parents cannot or will not coöperate in remedying the condition which leads up to delinquency. A child who has committed some misdemeanor is brought with the parents to the office of the supervisor of attendance. There the case is thoroughly discussed with the child and the parents. When they feel that the parents are able and willing to correct the child, they turn the child back to them and thus avoid a court record against the child. In the year 1920-21 the attendance department made 33,205 investigations. There were only 57 cases that appeared before the juvenile court; of these 57, 41 were cases of children who neglected to attend the continuation school which all working children must attend one half day each week.''[4]

A great deal is heard at the present time about the socialized attendance department, and it may be asked just what the term implies. It is certainly much more than an organization for apprehending and punishing truants. Truancy is a symptom of an individual maladjustment the causes of which may be a complex set of interactions between the individual and his school, home, and community life. To the extent that the attendance office deals constructively with the causes back of the effect, by taking into account all the socializing resources of the school and community, just so far is it a socialized attendance office. Obviously this requires a personnel trained in the technique of social case-work, but unless the personnel is adequate in numbers to cope with the problem in its entirety, the value of its work is of course greatly reduced. In Boston one of the reasons advanced for the 44 per cent decrease in truancy in the five years 1917-1922 was that the staff of twenty-nine attendance officers (one to serve about 4,500 pupils) were able to make immediate investigation and take prompt action.[1]

---

[1] ''The School and the Juvenile Court'', by Emma O. Lundberg. *The Survey*, Vol. 45, February 12, 1921. p. 703.

[2] *Case Studies*, Series 1, by William H. Healy, M.D., and Augusta Bronner. Boston: Judge Baker Foundation, 1922-23. (Study No. 11, p. 5-a.)

[3] Ibid.

[4] *The Social Service of the Courts*, p. 94. See note 1, page 115.

With the extension of the special classes for the various types of exceptional children and the grouping of children according to various grades of ability, came the establishment of psychological departments or clinics in connection with the school systems. It is obvious that the pedagogical adjustment of the child would have an important bearing upon the child's school satisfaction, and consequently upon the prevention or treatment of difficult behavior cases in the schools. Such a psycho-educational clinic was started in St. Louis as early as 1914.

The report of the Philadelphia survey states that there is serious need for medical, psychological, and social studies of all potential delinquents.[2] It seems significant that a survey dealing with the school situation in all its aspects should have taken cognizance of the need for intensive clinical study of all potential delinquents in the schools, but it is only an indication that the more thoughtful educators are not satisfied with the mere testing and classifying of the children. It is for the scientific study and evaluation of the various mental, physical, emotional, and social factors involved in the problem of every "wayward" child that the child-guidance or psychiatric clinics have been established by The National Committee for Mental Hygiene under a grant from the Commonwealth Fund of New York, in St. Louis, Norfolk, and Dallas. Although, with the exception of the clinic in New York City, established by the Commonwealth Fund, the children who present behavior problems have not been entirely drawn from the schools, yet one of the chief aims of the clinic is to reach the child in his early school years, when departure from normal conduct is first evidenced. More will be said about the work of such a behavior clinic in connection with the Dallas child-guidance clinic.

---

[1] *Case Studies*, Series No. 1, Study No. 11, p. 11-a. See note 2, page 125.

[2] *Report of the Survey of the Public Schools of Philadelphia*, Book 3. See note 3, page 120.

The visiting-teacher movement in the schools is also one that is bound to act as a powerful force against delinquency. After the installation of the visiting-teacher work in three cities—New York, Boston, and Hartford—in the school year 1906-07, the movement gradually extended until at the time of the survey by the National Association of Visiting Teachers in 1921 there were visiting teachers in at least 28 cities in 15 states. Since that date the movement has been given great impetus by the grant of the Commonwealth Fund of New York that provides for the placement by 1924 of thirty visiting teachers in various sections of the country. Thus far fifteen such social workers have been placed. "This work was introduced to meet a need felt alike by educators and social workers. The latter realized that many of the problems of juvenile delinquency, industrial inefficiency, and other social maladjustments could and should be anticipated in the school. Educators were aware that even in schools that represented the most advanced methods of teaching, with the auxiliary service of attendance officer and nurse, there were children who did not progress as they should, and that the efforts of the teachers were being brought to naught by undermining influences at work outside the school walls or by the faulty connection between the training within the school and the life outside. To assist the school to prevent later social wreckage and make sure that each child's individual problem is seen and that his educational and social needs are met, the visiting teacher has been added to the school staff."[1]

In the report of the survey by the National Association of Visiting Teachers, the comprehensive functions of the visiting teacher were enumerated as follows:

1. Study of the individual unadjusted child and his problem.
2. Interpretation of:
    - (a) School and parents to one another;
    - (b) Child and parents to one another;
    - (c) Child and school to one another.
3. Securing the coöperation of parents, school, and community in the interests of special children and of increased educational facilities for all children.
4. Adjustment of the child's difficulties, whether the cause be found in the home, school, or neighborhood.
5. Socialization of the school's point of view.[2]

While it will be noted that the treatment of the quasi-delinquent child is not indicated in so many words as a phase of the visiting teacher's work, yet it is not difficult to see that if the visiting teacher brings about an approximately complete adjustment of all the child's relationships, she will seldom have to deal with delinquency itself, since a child properly adjusted to his environment is not wont to become a delinquent. Justice Franklin C. Hoyt, of the Children's Court, New York City, has expressed his recognition of the part played by the visiting teacher in the prevention of delinquency in the following statement: "I have been in close touch with visiting teachers' work for several years, and know that many children would find their way annually into the children's court if they were not assisted by a visiting teacher at the critical moment in their lives when the sinister influences of their environment begin to destroy what the schools are endeavoring to build up."[3]

Further recognition of the relationship between the work of the visiting teacher and any program that deals with delinquency is to be found in the annual report of the Commonwealth Fund, which is laying great emphasis upon developing such work. The kernel of the matter lies in the fact that the program is one primarily for "prevention" and "nowhere is there to be found an equally hopeful means for detecting the early signs of harmful and dangerous tendencies among children and for checking the beginnings of waywardness and of other behavior difficulties".[1]

---

[1] "The Visiting Teacher", by Jane F. Culbert. *Annals of the American Academy of Political and Social Science,* Vol. 98, pp. 81-9, November, 1921.

[2] *The Visiting Teacher in the United States.* (A Survey by the National Association of Visiting Teachers and Home and School Visitors.) New York: Public Education Association of the City of New York, 1921. p. 60.

[3] Ibid., p. 43.

Hence, if the visiting teacher is to fulfill the educational aim of assisting in fitting children for life, she must include in her work social and personal adjustments as well as educational. That the visiting teacher has in fact been dealing with problems of misconduct both in school and out of school is indicated in the answers to the questionnaire sent out by the National Association of Visiting Teachers. It was found that 53 out of 60 visiting teachers had sought to adjust children who showed disorders of conduct.[2] In the Cincinnati survey, 6.2 per cent of the approximately 4,000 public-school children studied exhibited conduct disorders,[3] a fact that points to the enormous amount of preventive work involved in this particular phase of the visiting teachers' problem.

Since it is the purpose of this paper to set forth the various socializing influences in the educational system that tend to lessen juvenile delinquency, perhaps one should no more than mention the socialization of the teaching body, for efforts at the concrete tackling of this issue have been comparatively few. A noteworthy exception, however, has been the opportunity to study social-service methods as applied to school children offered to principals and teachers, through scholarships and in other ways, by the White-Williams Foundation in Philadelphia. Miss Edith Abbott, of the University of Chicago, has made the remark: "The schoolteachers of the United States, if they can be socialized, can accomplish more to prevent delinquency than all the social workers together."[4]

---

[1] The Commonwealth Fund, Fourth Annual Report for the Year 1921-22. New York: The Commonwealth Fund, 1923. p. 21.

[2] *The Visiting Teacher in the United States*, p. 39. See note 2, page 128.

[3] *Report of the Mental Hygiene Survey of Cincinnati*, p. 89. See note 1, page 118.

[4] The Commonwealth Fund, Fourth Annual Report, p. 21. See note 1 above.

However much truth there is in this statement, the difficulty is that though the teacher's point of view may be socialized, she is so overburdened with her professional duties that she has little time or energy for additional work. But doubtless the courses in social work that will probably be offered in the future curricula of normal schools and colleges will give her more insight into human behavior, so that she will have a better understanding of the needs of her "problem, misfitted, or difficult" children and will take the initiative in seeing that they are brought to the attention of some one who can unravel the complexity and set the child right. It is here that closer integration of the work of the visiting teacher and of the classroom teacher would be of incalculable value.

LOCALIZATION OF THE PROBLEM

From the vantage point of a child-guidance clinic, the writer was able to observe in one local community the actual treatment that the schools and the court were bringing to bear upon the quasi-delinquent. Looking at the situation as one attached neither to the school nor to the court, one was able to get an unbiased view of the respective responsibilities of the school and the court as they would ideally be apportioned.

The child-guidance clinic in question was established in February, 1923, as one of the demonstration clinics operated by the Division on the Prevention of Delinquency of The National Committee for Mental Hygiene as part of the Commonwealth Fund's program for preventing delinquency. "This program is a five-year, nation-wide, coöperative undertaking, participated in by several national organizations, to demonstrate methods which experience has shown to be especially practical in undermining the causes of misbehavior."[1]

Dallas, a cosmopolitan Texan city with a population of about 160,000, of Southern and Western admixture, was chosen as a suitable community in which to operate a behavior clinic for children. Not only did the juvenile-court officials evince an interest in basing their treatment of juvenile delinquents upon a well-rounded study of the individual, but other welfare and professional organizations, backed by the Civic Federation of Dallas, approved of the clinic as a community project of assistance in solving problems of antisocial conduct or abnormal behavior, whether such had warranted court action or not. In addition, the interest in establishing a psychiatric service appeared more than sporadic, since substantial evidence was given to indicate the community's intention to maintain the service permanently.

---

[1] *Demonstration Psychiatric Clinics.* Leaflet issued by The National Committee for Mental Hygiene, Division on Prevention of Delinquency.

The clinic began its work by studying maladjusted children referred by the juvenile court and by others who came in intimate contact with the problem child. In a remarkably short time the idea began to filter through the community that the clinic was aiming to ascertain the underlying and perhaps interwoven set of factors that were causing children to exhibit socially unacceptable behavior. Thereupon, not only agencies such as boys' clubs, children's boarding homes, and homes for dependent and neglected children, but schoolteachers, principals, and parents as well, began to refer their difficult children. It is impossible to give even an estimate of the relative percentages referred by parents and by schools, since in many instances the school advised the parents or guardians to consult the clinic regarding a child whose conduct at school and in some instances outside was becoming a serious departure from the normal. However, a representative number of schools did send their difficult pupils to the clinic for assistance in solving their difficulties.

But before discussing the school aspect of the problem of delinquency in this community, it may be of interest to speak of the methods of procedure in use at the child-guidance clinic.

Before a child is brought into the clinic for an intensive examination, after being referred by an agency or by the parents, as clear a picture as possible is obtained and recorded by the social worker. This includes not only an account of the physical and mental make-up, standards, general conduct, and adaptation to life of all members of the patient's immediate family and near ancestry, but also a complete history of the individual child as he has come into contact with his environment in all stages of his development. This personal history includes facts concerning health conditions, habits, interests, companions, behavior, and—what is of prime importance in reaching a comprehensive understanding of the child—a knowledge of his personality make-up as shown by his attitudes and emotional reactions at home, at school, at play, and at work. Such a composite picture of the child is gained from various agencies and persons who have had face-to-face contacts with him, but the intimate relation of the child to the home and to the school makes the latter the two most valuable sources of information. The child's school life is considered to have played so important a rôle in making the child what he is that the clinic in no instance fails to estimate the success or failure of his school adjustments.

When the child, therefore, appears at the clinic, the medical examiner, psychiatrist, and psychologist are well fortified with facts concerning his past and present life setting. Since the history of the patient contains an account of his past illnesses and health conditions and the physical make-up of his ancestry, the medical examiner, besides giving him a thorough routine physical examination, frequently advises special examinations and tests from indicators in the history. The psychologist is just as eager to familiarize himself with the patient's history, especially the part that has to do with his school record of attendance, promotions, interest in study, ease in learning, and the like. The degree of his mental development, the measure of his educational progress, and the estimation of his special abilities and disabilities are all secured by the application of objective measurements, but frequently the history is of value in interpreting the results of the various psychological tests. Lastly the child is interviewed by the psychiatrist, who, after securing his confidence, endeavors to discover his mental attitudes and the covert mechanisms that may already have exhibited themselves in malbehavior. The psychiatrist aims also to observe the interaction of the personalities of the parents and that of the child.

When the study of the child is completed, the various phases of his make-up, social, intellectual, emotional, and physical, have all been evaluated independently in the several departments of the clinic. The findings are then brought together at a staff conference, where, after a mental diagnosis has been reached, an attempt is made to ferret out the causative factors of the child's undesirable or antisocial behavior. Having reached a conclusion as to why the child has been exhibiting such malbehavior, the clinic staff makes recommendations for treatment, medical, educational, psychiatric, and social.

The carrying out of the treatment outlined by the clinic then becomes of vital importance. Whether the treatment is given by the clinic directly or indirectly depends upon the source from which the child is referred. Where practicable, it is aimed to have all agencies carry out the treatment of their own problems, with further consultation at the clinic when it is needed. However, intensive treatment by the clinic worker is carried on in cases referred by the home or the school where no other agency is available. As will be pointed out later, the school principal and teachers sought the clinic's assistance in the treatment of their problems, since they were unprepared to carry out the needed adjustments unaided.

It is impossible to give statistics from this community as to the relative importance of the school phase of the child's life as a contributory factor in the causation of delinquency, for the school phase has many ramifications and its effect is frequently only indirect.

An underlying and basic reason for the school's inability in this community to make headway in dealing with its delinquency problems is the inadequate compulsory-education law of Texas. This law makes the following provisions: "Every child in this state who is eight years and not more than fourteen years old shall be required to attend the public schools in the district of its residence, or in some other district to which it may be transferred, as provided by law, for a period of not less than sixty days for the scholastic year beginning September 1, 1916, and for a period of not less than eighty days for the scholastic years beginning September 1, 1917, and for the scholastic year 1918-19, and each scholastic year thereafter a minimum attendance of one hundred days shall be required. The period of compulsory school attendance at each school shall begin at the opening of the school term unless otherwise authorized by the district-school trustees and notice given by the trustees prior to the beginning of such school term; provided that no child shall be required to attend school for a longer period than the maximum term of the public school in the district where such child resides."[1]

"The following classes of children are exempt from the requirements of this Act:

"(a) Any child in attendance upon a private or parochial school or who is being properly instructed by a private tutor.

"(b) Any child whose bodily or mental condition is such as to render attendance inadvisable, and who holds definite certificate of a reputable physician specifying this condition and covering the period of absence.

"(c) Any child who is feebleminded, for the instruction of whom no adequate provision has been made by the school district.

"(d) Any child living more than two and one-half miles by direct and traveled road from the nearest public school supported for children of the same race and color of such child and with no free transportation provided.

"(e) Any child more than twelve years of age who has satisfactorily completed the work of the fourth grade of a standard elementary school of seven grades, and whose services are needed in support of a parent or other person standing in parental relation to the child, may on presentation of proper evidence to the county superintendent of public instruction, be exempted from further attendance at school."[2]

A comparison of the Texas law with compulsory-education laws in other states brings out the handicap under which the schools of this community labor in not having a comprehensive legal foundation for securing school attendance for the largest possible number of children. From a chart of state compulsory-school-attendance standards corrected as far as legislative changes were available in November, 1922,[3] it was computed that the compulsory-education laws of nine states placed the maximum age for compulsory-day-school attendance at fourteen; one state law at fifteen; thirty state laws at sixteen; three state laws at seventeen; and five state laws at eighteen. It should be stated, however, that in five of the states that place the maximum age at sixteen years, in the one placing it at fifteen years, and in three that place it at fourteen years, the laws are made ambiguous by the use of the word "inclusive".

---

[1] Acts 1915, 34th Leg. Reg. Ses., Chap. 49, Sec. 1.

[2] Acts 1915, 34th Leg. Reg. Ses., Chap. 49, Sec. 1, Art. 2779-b. (As amended in 1921.)

[3] *State Compulsory School Attendance Standards Affecting the Employment of Minors, January 1, 1922.* See note 3, page 121.

Of greater interest are the various exemptions which the state laws make in regard to releasing specified classes of children when attending day school. The following is a tabulation of the exemptions, with their frequency, in the laws of the forty-eight states and the District of Columbia. In some instances the exemptions have been grouped together, where interpretations may vary to a slight degree, as, for example, the "poverty group", which includes differing provisos.

Exemption	*Number of States*
Physically or mentally incapacitated	45
Fourteen years old and employed	20
Distance from school makes attendance undue hardship	18
Completion of elementary course	17
Poverty exemption—over fourteen years of age	12
Poverty exemption—under fourteen years of age	3
"Satisfactory, urgent, sufficient, or unusual" reasons	8
Aged fourteen and has completed eighth grade	6
Parent or guardian unable to provide books or clothing (exemption ceases after aid is provided)	5
Receiving religious instruction or attending certain church services	5
Has completed eight grades and is employed	3
Aged fifteen and has completed eighth grade	2
Has completed seventh grade	2
Aged sixteen and is employed	2
Has completed twelve grades	2
Aged sixteen and has completed sixth grade	1
Fifteen years old and is employed	1
Has completed ten grades	1
Aged sixteen, has completed eighth grade, and is employed	1
Aged fifteen, and is "to best interests of child"	1
Aged fourteen, and is "to best interests of child"	1
"Working a hardship to child"	1

Further, it was found that the laws of thirty-nine states and of the District of Columbia provide that the entire session of the school attended shall be the minimum requirement. In five of these states certain exceptions are specified for rural districts. The requirements of the other nine states vary as follows: two-thirds of session; three-fourths of session; one hundred and sixty days; thirty weeks; twenty-four weeks; six months; four consecutive months; one hundred days; and eighty days.

It is obvious, then, that Texas, in requiring one hundred days minimum attendance, is more lenient than all but two other states. Among the exemption provisions in the state laws, Texas is one of only three states that include the exemption from day-school attendance of children between the ages of twelve and fourteen whose services are needed in support of a parent.

Included in the compulsory-education law of Texas are sections [1] relating to the enforcement of the law providing for the election of an attendance officer if such is petitioned for in districts that have a school population of more than two thousand, and setting forth the "powers and duties" of the attendance officer and the "duties" of parent or guardian in complying with the provisions of the act. The powers of the attendance officer include the investigation of all cases of unexplained absence, the keeping of records, the administering of oaths, and the serving of legal processes, but the duties are not specifically set down. The law provides that the parent who is convicted in county or justice court of failure to comply with the act is deemed guilty of a misdemeanor and shall be fined. The important loophole in this law is the exemption of the parents from penalty upon the presentation of proofs that they were "unable to compel" the child to attend school. The attendance officer may then bring proceeding, in the juvenile court, against the child as an habitual truant. Proceeding may likewise be brought against any child who is "insubordinate, disorderly, vicious, or immoral, or who persistently misbehaves so as to render himself an incorrigible". If such a child be found guilty, the judge is given power to parole him, after requiring the parent to execute a bond of not less than $10. If the child breaks his second parole and is "convicted of same", he shall be committed to a suitable training school.

Bearing in mind this legal background for the work of an attendance officer in Texas, let us glance at the attendance department in the local community under discussion. In the first place, in Dallas the school trustees have ruled that the period of compulsory school attendance shall begin on January 1 instead of at the opening of the school term. Hence the attendance department does not begin its duty of securing the hundred-day requirement until January 1. The effect of the artificiality of driving children into school in the middle of the term is at once obvious, to say nothing of the social waste that results from their previous non-attendance.

---

[1] Acts 1915, 34th Leg. Reg. Ses., Chap. 49, Sections 6, 7, 9.

To cope with this situation, the Dallas schools, with a white grade-school population of over nineteen thousand, have provided an attendance department manned by one "officer" who, in addition to his duties in this capacity, is a field worker for the county humane society. As the law sets forth no educational or social qualifications for this position, the officer is as a matter of fact a man whose former viewpoint as a policeman of the regular force is evidently carried over into his present job, for he considers all his truants as inherently "bad".

The usual procedure is for the various schools to report daily their non-attendance to the superintendent's office, where the attendance officer calls for the list of names whenever his duties in the humane office do not keep him in the field. Rarely is a truant brought back to school within several days of the original truancy. Although the law empowers the attendance department to keep records, this is not obligatory. An interested agency has no way of learning how a particular instance of truancy was handled unless the attendance officer happens to recall the particular situation.

No uniform method of procedure is employed in handling truants. Whether or not the officer places the truant in the juvenile section of the jail as a reformatory measure, at the first offense or after many offenses, depends on his personal reaction to the individual offender. However, detention in jail for several days is the one cure-all method used. In most instances, knowing that the policy of the juvenile judge is against committing truants who are not otherwise delinquent, the officer acts independently in the matter of the detention of truants in jail, often releasing them without a court hearing.

Since no effort is made to seek out and remedy the underlying causes of the truancy, it often happens that after the jail method has been tried repeatedly without result, the truant officer and the school authorities give up the task of forcing the child's school attendance, and the child is allowed to drift until he is charged with other misdemeanors and court action is instituted.

As is said to be the case in many city school systems, the inelasticity of the Dallas school system is a factor of which cognizance must be taken if the school is to fulfill its mission of meeting the needs of the individual child. This involves not only a curriculum adapted to the interests and abilities of the individual child, but flexibility in adjusting the child to the curriculum.

The Dallas school system is doubtless handicapped by the scanty provision of special classes for exceptional or difficult children. Until this last year only three special classes for subnormal and defective children were provided, in addition to three ungraded rooms in high schools for children of average mentality who had the ambition to take further elementary-school training before high-school entrance, but who were "too old for their grade". One of the special classes enrolled only mental defectives of imbecile or high-grade-idiot mental level. Since September, 1922, three additional elementary schools have established ungraded rooms, leaving twenty-seven grade schools still unprepared to care for their subnormal children. No classes are provided for other types of exceptional children, save a school for the deaf. Although vocational and industrial training is given in night schools open to the general public, none of the day schools offers such courses for children who have reached their mental level before completing elementary school.

Of the thirty-two grade schools, twenty-three offer manual training and domestic science, beginning with the sixth grade. The following extract is taken from the handbook for teachers in the elementary grades of the Dallas public schools: "In the few schools where unusual environment and personnel have occasioned special classes in manual training and domestic science for over-age and exceptional pupils below the sixth grade, such classes must be so scheduled and arranged that they do not fall within the regular class hours nor make different the daily program of these pupils." When the special classes are provided, therefore, they are additional, not substitute, activities for the child, who usually is satiated with school at the end of the regular session. The following quotation from the handbook, however, makes it clear that the teachers and principals in Dallas may do much in the way of fitting a child's progress to his abilities and accomplishments: "Rigidity in promotion is only necessary because of conditions; in Dallas schools the organization is flexible in the same measure that principals and teachers have clearness of vision and steadfastness of ideals."

The teaching work of the Dallas elementary schools is highly specialized and supervised by the departmental and platoon system of organization. The former applies to the intermediate grades in all the schools, and the latter to the first four grades in sixteen of the schools, with extensions planned. It will readily be seen that although there are many advantages in the teaching facilities, the individual child may easily be lost in the maze of the relatively complicated organization. In the platoon system each room teacher, who is responsible for attendance, conduct, parental relations, and work in academic subjects, is assigned from 60 to 80 pupils in two groups. No provision has as yet been made in the way of school counselors or visiting teachers to counteract this complexity in the schools for those individual children who do not fit into the system.

For the special group of children past twelve years of age who fall within the poverty exemption of the compulsory-education law, and for the group who have reached the compulsory-school-age limit, the social influences of the school are especially meager and uncoördinated. The officer who issues work certificates at the court, the attendance department, and the schools perform their duties as separate entities. That there is a distinct field for preventive work here is indicated by a study in Dallas in 1920 of the records of 178 boys between the ages of twelve and sixteen who had secured work certificates. By comparing these records with those of the juvenile court and the county and city jail, it was found that over 8 per cent of these boys had delinquent records, some of them serious.[1] Statistics of the juvenile court in Dallas for 1921 and 1922 pointed out that of 1,372 cases of juvenile offenses, only 38 were listed as truants.[2] Since these figures did not corroborate the actual experience of the attendance worker and probation officer—namely, that the delinquent in a majority of instances was also a truant—it seemed desirable to ascertain what the various principals in the elementary schools (white) considered their truancy problem to be, especially in relation to other forms of malbehavior. Accordingly, with the coöperation of the superintendent, the following questionnaire was mailed to the principals of the thirty-two white elementary schools:

Please List Truants in Your School for Year 1922-1923 as to:

No.	Sex and age	School grade	School failure this year? Yes or no	Chronic or occasional	Behavior problem in school other than truancy? Specify: such as stealing, fighting, lying, destructive, profane or obscene language	Truancy previous to this year? Yes or no	Primary cause Specify: individual or environmental or associational	Reported to court or attendance department? Yes or no

The number of children who presented serious behavior problems, but were not truants, was also requested.

The questionnaire was sent out in the early part of May, 1923, thus allowing for a record of eight months of the school year. Of the thirty-two questionnaires, seventeen were filled out and returned, listing 107 truants in a group of schools representing a school population of approximately 9,000. This would indicate that over 1 per cent of this proportion of the school enrollment were classed as truants by the school principals. On comparing this finding with figures from Chicago for 1917, it was found that in that city less than

---

[1] "Underprivileged and Delinquent Children of Dallas." *Civic and Social Review* (Dallas, Texas), Vol. 4, No. 9, September, 1920. p. 6.

[2] Juvenile Court Report of Dallas County, Texas, December, 1920, to January, 1923.

1 per cent of the total enrollment were truant.[1] The comparison, however, is not quite fair, since the Dallas figures do not include the total enrollment. Six of the schools that, according to the experience of the attendance officer, had the greatest reputation for truancy did not return questionnaires. Of the seventeen schools that reported, two indicated that approximately 3.5 per cent of their enrollment were truants; one indicated 3 per cent; three over 1 per cent; four between ½ and 1 per cent; four less than ½ per cent; and two reported no cases of truancy. (One questionnaire lacked identification marks.) In general it may be stated that, with four exceptions, the schools of the better sections of the city were represented by the questionnaires returned.

It should be remembered that the data offered by the answers to the questionnaire are merely indicative of the opinions of the various principals concerning what they consider to be their problem of truancy and malbehavior. That many of the data are bound to be inaccurate is inevitable. In the first place the questionnaires were sent out by the superintendent with the mere request that they be filled out; there was no explanation as to the reason for the request. Hence it is quite probable that some principals, through lack of understanding and even prejudice—lest they be "branding" their pupils as in need of a clinic examination because of school delinquencies—would be inclined to slip by some of their lesser problems of truancy and misconduct. Also, some lack of uniformity was found in the methods of keeping records of attendance and much dissimilarity as to methods of distinguishing truancy from other forms of non-attendance. Moreover, the various principals may have given quite different interpretation to the terms "chronic" and "occasional". One principal, for example, may have considered that the term "chronic" would apply to wilful non-attendance for, say, one day a week—while another would consider such non-attendance "occasional". On the whole, then, the terms describe rather the state of mind of the individual principal toward the truancy—whether or not it was considered a serious problem in the case of the particular child listed. The terms, "individual, associational, and environmental" were not defined either. Finally, it may be concluded that the value of the results of the questionnaire lies only in the fact that they represent somewhat subjective data from the group of principals with regard to the extent and seriousness of their behavior problems.

---

[1] *Truancy and Non-Attendance in the Chicago Schools*, by Edith Abbott and S. P. Breckinridge. Chicago: University of Chicago Press, 1917. p. 226.

It will be noted that in the questionnaire truancy was taken as a point of departure for obtaining data concerning the

TABLE 1. AGE OF 107 TRUANTS, DISTRIBUTED ACCORDING TO GRADE IN SCHOOL *

SCHOOL GRADE	Total	AGE IN YEARS									
		7	8	9	10	11	12	13	14	Over 14	Unascertain'd
Low I	1	...	...	1	...	...	...	...	...	...	...
High I	5	2	1	1	1	...	...	...	...	...	...
Low II	7	1	3	...	1	2	...	...	...	...	...
High II	3	...	1	2	...	...	...	...	...	...	...
Low III	16	...	1	5	6	2	1	...	1	...	...
High III	12	...	1	2	3	2	3	1	...	...	...
Low IV	11	...	...	...	2	5	...	1	2	...	1
High IV	7	...	...	...	1	1	4	1	...	...	...
Low V	9	...	...	...	...	2	2	1	3	1	...
High V	7	...	...	...	...	1	4	1	1	...	...
Low VI	11	...	...	...	...	...	6	1	2	2	...
High VI	1	...	...	...	...	...	...	1	...	...	...
Low VII	11	...	...	...	...	...	...	3	6	2	...
High VII	1	...	...	...	...	...	...	...	...	1	...
Special Class	5	...	1	...	...	...	...	1	...	2	1
TOTAL	107	3	8	11	14	15	20	11	15	8	2

*The elementary schools of Texas include seven grades, comprising the curricula of eight grades.

quasi-delinquent, for it is obvious that truancy is the one form of delinquency that is necessarily a school problem.

Of the 107 children listed as truants on the seventeen questionnaires, only 8 were girls. Forty-six were classified as chronic truants and 61 as occasional truants. Table 1 (page 142) gives the age and school grade of the 107 truants. Of those in the regular grades, 39, or 38.2 per cent, were retarded from one-half to four years. Five were in special classes. The table also shows that truancy is found beginning with the age of seven, the median age being twelve.

In 61 instances, truancy had taken place previous to this year. It was disconcerting to find that 18 of those who had begun their careers as truants this year were under the age of twelve, while 31 others under the age of twelve had previous records of truancy. Sixty-five, or 60.7 per cent of the truants, were reported as being school failures this year, 35 of these being considered chronic truants. That the principals did not seek the assistance of the court or attendance department was indicated in 45 instances of which 5 were considered chronic truants and 7 were occasional truants presenting additional problems of misconduct. Table 2 tabulates the statements of the principals as to the causes that lay back of each instance of truancy. The grouping "individual, environmental, and associational" causes seems to omit the factor of school responsibility, although in many instances the major cause for the failure of the individual to integrate satisfactorily in the school may seem to point to

TABLE 2. CAUSATION OF TRUANCY OF 105 CHILDREN, AS REPORTED BY SCHOOL PRINCIPALS

Nature of cause	*Total*	*Chronic truants*	*Occasional truants*
Individual	25	11	14
Environmental	20	10	10
Associational	22	2	20
Individual and environmental...	10	5	5
Individual and associational....	3	2	1
Environmental and associational	9	6	3
Individual, associational, and environmental	16	9	7
Total	105	45	60

some fault in the school. But in the final analysis it is the individual factor that lies back of the school's failure to meet the needs of the particular individual. Of course this does not minimize the school's responsibility to make the attempt to cope with individual needs. It is interesting to observe that in 25 instances of truancy the primary cause was considered to be failure of the individual to make the proper adjustment; and in 29 other instances individual factors could not be separated from environmental and associational causations. It is quite obvious that had the principals' opinions as to the causes of truancy been investigated in every instance, many variations would have been found in their interpretation of terms.

Opinions vary as to the factor of primary importance in the complex problem of truancy. In the study of non-attendance and truancy in the Chicago schools it was concluded that "home conditions" is probably the cause of first importance,[1] though the "relation between truancy and retardation is a very close one". From a tabulation of the age and grade of 1,092 truant boys, it was computed that 80 per cent were at least one year retarded.[2] But unless the causes of retardation are ascertained, little light is shed upon its effect in causing truancy, for retardation may of course be a result of truancy as well as a possible cause. A differing opinion as to the causation of truancy is that of the Boston attendance department,[3] which believes that in 90 per cent of the cases, truancy is due to yielding to a momentary temptation; a child may be late to school and afraid to go in, for example, or may meet a companion who urges him to stay away, to go swimming or to the movies or to play ball. Such truancy points to environmental defects, especially to lack of home supervision, and is not so simple as it seems. The consensus of opinion seems to be that the causes of truancy are difficult to ascertain and are in any case complex.

Another interesting phase of the truancy problem was revealed in the Dallas questionnaire—namely, the relationship of truancy to other forms of delinquency and malbehavior. Table 3 shows that 70 of the truants were noted as being behavior problems at school in addition to being truants. This table of course does not include every instance of delinquency that occurred away from school, of which the child might not be aware.

---

[1] *Truancy and Non-attendance in Chicago Schools*, p. 156. See note 1, page 141.

[2] Ibid., p. 181.

[3] *Case Studies*, Series No. 1, Study No. 11, p. 11-a. See note 2, page 125.

TABLE 3. MISCONDUCT OCCURRING WITH TRUANCY OF 107 CHILDREN, AS REPORTED BY SCHOOL PRINCIPALS

Problem	*Chronic truants*	*Occasional truants*
Stealing		
Only misconduct	1	2
With other misconduct	17	11
Lying		
Only misconduct	5	9
With other misconduct	18	10
Destructiveness		
Only misconduct	2	0
With other misconduct	4	0
Fighting		
With other misconduct	4	5
Using obscene language		
Only misconduct	0	2
With other misconduct	4	2
Using profane language		
Only misconduct	1	1
With other misconduct	8	4
None	11	26

In nine schools the principals considered that they had to deal with only 25 cases of serious behavior problems that did not include truancy. Eight schools reported that they had no serious behavior problems.

The importance of truancy in relation to the development of the more serious forms of delinquency is indicated by statistics from the studies of 4,000 repeated offenders made by Dr. William Healy in the Cook County Juvenile Court and at the Judge Baker Foundation in Boston.[1] Of the first 1,000 delinquents, studied in Chicago in 1909-15, 32 per cent of the boys and 7.5 per cent of the girls were or had been truants; of the second 1,000 offenders studied in 1915-1917, 43 per cent of the boys and 4 per cent of the girls were likewise truants. Of two similar groups of 1,000 each in Boston, studied in 1917-19 and 1919-21, 43 per cent of the boys and 16 per cent of the girls in the first group, and 41 per cent of the boys and 17 per cent of the girls in the second, were or had been truants.

---

[1] *Case Studies*, Series 1, Study No. 11, p. 7-a. See note 2, page 125.

Dr. Healy further points out[1] that of 2,000 repeated offenders in Boston, only 133 boys and 4 girls were instances of uncomplicated truancy—that even those who were classified as merely truants and complained of as such proved upon study to have exhibited various other forms of malbehavior, which were often found to be contributing causes to the truancy itself.

From the behavior cases studied in the Dallas child-guidance clinic, ten, selected more or less at random, are outlined at the end of this article (pages 156-63). In all the school phase of the maladjustment was an outstanding feature. The first five are cases of delinquents whose school symptoms of "failure to adjust" were not heeded in time to initiate pre-court treatment. In fact all had been committed or were about to be committed to the state reformatory. The last five consist of a group of potential delinquents for whom measures of treatment were instituted by the clinic in coöperation with the school, thus preventing the need for court supervision. All of these children were white boys of American parentage.

While these cases illustrate all the types of maladjustment, home, school, and individual, it is an interesting fact that all ten of them present truancy as a symptom. In cases I, II, IV, and VII individual, and in the remainder of the cases environmental, causes are indicated as the etiological factors of the truancy. It will be noted that in all but three of the cases fair or good standards of living were maintained in the homes, so that personal factors in the environmental situations appear of greater moment than the mere physical surroundings. In five instances the mothers were widows.

Two of the cases, I and X, are discussed in more detail in the following pages. Case I illustrates the futility of allowing a boy to become delinquent through failure to apply prophylactic measures in the school. Case X is suggestive of what may be accomplished if such measures are instituted at an early stage of the malbehavior.

---

[1] *Case Studies*, p. 17-a.

CASE I.

Just preceding his study by the clinic, Harold A., aged eleven and one-half, had brilliantly initiated what may prove to be a delinquent career by being arrested three times for shoplifting and the theft of a bicycle. He had become so defiant and resentful of home and school authority that he had entirely given up school attendance for the past few months. It must not be inferred, however, that this overt behavior came on suddenly; on the contrary, the boy's conduct at school had been an unheeded warning signal of unsuccessful adjustment for over two years.

Since moving to Dallas, when Harold was five years old, the family, consisting of the father and mother, Harold, and an older and a younger sister, have been in straitened circumstances and have "lived around" in various cramped furnished apartments, the mother at least trying to cover all signs of poverty. The father, aged thirty-three, coming from a family of respectable, property-owning people, some of whom were professional men, is the "beloved vagabond" type. He has mighty notions of ease and pleasure, but seldom perseveres at his job as an expert mechanic. He often drinks to excess, though he is never abusive, and twice he has been arrested for bootlegging. The mother, reared in a Masonic home, was married at sixteen. Though she complains of miserable health, it has not prevented her doing office work for the past three years. She pretends that she works from choice, although it is apparent that her husband does not make enough to support the family. Harold, accordingly, has been left to his own devices outside of school hours, and all day during his truancy periods. The mother, though unsuccessful in her attempts to control her son, unaided by her care-free husband, has resisted and criticized any discipline that the school has attempted. The boy has had the opportunity to receive moral training at Sunday school, to which the mother has sent her children regularly.

Harold, an attractive red-haired boy, neat in appearance, was found to be in good physical condition, with no abnormal findings. Mentally, he was found to be average in general intelligence, and his educational tests corresponded with his mental age, indicating ability for the work of the fifth grade, where he is actually placed in school. The boy is alert, overactive, restless, quick-tempered, and unstable in make-up. In telling his story to the psychiatrist, his endeavor was to make the picture of his delinquencies as mild as possible, and in general it was evident that his tendency is to try to dominate his environment; failing in this by fair means, he promptly adopts foul. There were no conflicts uncovered concerning the home situation or sex matters, and no feeling of inferiority was disclosed.

It was felt by the clinic that if his personality traits could be turned to useful ends and if the home atmosphere could be changed so as to afford intelligent and adequate discipline, there was a favorable outlook for the boy's adjustment both to home and to school authority.

His attitude toward school discipline came out in his story of why he "played hookey". He thought that the teachers "picked on him"; he didn't like school; and because he received whippings on a few occasions there, he remarked: "I wore three pairs of pants every day I went to school. The whippings didn't seem to do me much good." The boy further disclosed that he was able to rationalize regarding the necessity of "education" if he was going to get a "job". It is to be noted that his hyperkinesis found outlet not only in antisocial conduct, but also in an irresistible desire for earning money, at which he was notably successful.

It may naturally be asked what the school could do to prevent this boy's becoming antisocial in his conduct. The answer should be prefaced by the statement that under school conditions as they existed at the time when the symptoms of maladjustment presented themselves, probably nothing could have been done through the school for this "difficult" boy. And in pointing out the course of action that might have been adopted with him, one should add that hypothetical treatment is simple to outline, but that its effectiveness cannot be actually proved.

Harold entered school at six, and as far as could be ascertained, he made good progress through the first two grades, with no outstanding behavior difficulty. In the third grade, he became mischievous, restless, and impudent, and displayed high temper and resentment toward discipline. No matter what form of discipline the school authorities used with the boy, his mother would repeatedly visit the school to protest. The history notes at this point that "it was felt that the boy was neglected at home". The inference is that the condition was irremediable, since nothing was done about it. The outstanding omission of the school at this point was its failure to secure the coöperation of the mother in working out a scheme of effective discipline. No doubt, upon the occasions of the mother's irate visits to the school, an attempt was made to show her the school's point of view in administering certain punishments, but it is easy to see that at such times, more or less excited as she must have been by the direct issue of the moment, she could not be influenced by argument. It was most unfortunate, of course, that the only agency with which the boy came into contact that gave him the strict and understanding discipline which his abnormally overactive and unstable nature demanded could not have made itself effective at this critical time, for naturally a feeling of resentment against authority would be built up in him by his mother's openly expressed indignation at his punishments. One point on which the history gives no clue is how far the school took into account his hyperactivity and provided suitable means for its expression.

It was at this same period in his career that the mother took up employment outside of the home. That a representative of the school, such as a visiting teacher, could have brought the mother to a realization of the effect upon the boy both of her attitude toward the school and of her work away from home is far from inconceivable.

Following the boy into the next grade, the history points out that not only did his behavior continue to be erratic, but that his school work, which had previously been average or above, became actually so poor that he failed of promotion at mid-term. Here was added cause for the school to realize the need to ascertain the genetic factors of this comparatively sudden change. Finally overt action took place in the form of truancy, which culminated that year in an exciting runaway bicycle trip with a companion to a town thirty miles distant. Upon the boy's return to school several days later, the mother not only became very angry at the school for wishing to administer a whipping, but blamed the boy's trouble upon the principal and teacher. Upon being duly punished, however, his behavior and work for the remainder of the term were noticeably improved.

The effect was only temporary, for the next year, following his entrance into a new school, his truancy began again and gradually his work fell down. Had the school system made use of a cumulative record card for indicating, even if only in meager fashion, some of the boy's mental and physical characteristics and his previous records of work, conduct, and attendance, each new school would have had something on which to base its conclusions as to what to expect of the boy.

The family moving again in the fall of 1922, Harold entered a still different school, and for the first three months his school work was good or fair in all subjects. The history notes that his attendance was very poor, though it was not considered truancy because of the Texas state law requiring only one hundred days' attendance, and because, as we have stated, the Dallas truant officer is not scheduled to begin his duties of enforcing the law until mid-year. Harold's mother frequently brought him to school herself and often he would run away at recess. Sometimes he would be rounded up by pupils at the neighborhood stores and brought back. Finally, in December, he ceased coming to school at all, and when he did return, brought excuses suspiciously signed. At least once the mother was consulted and denied signing an excuse bearing her name. It was significant that though the school felt that "the father connived with the boy in his irregularities", no steps were taken to get at the root of the matter. It was known that Harold was able to find companions who had also found freedom from school restraint alluring. Harold was not friendly with his schoolmates, with the exception of the biggest, "toughest" boys in school.

By this time he had become moody and indifferent in the classroom and the braggart of the playground. When the truant officer stepped into the situation, on January 1, the habit of non-attendance had become firmly established and the knowledge that he was disobeying not only his parents, but the law as well, was only an added stimulus. That the mother was actually attempting to send the boy to school was indicated by her taking the initiative in following up the transfer when the family made the next move. The history shows that, during this period of transfer, there was a week when Harold was entirely out of the jurisdiction of any school. It is evident that the school that issued the transfer washed its hands of this difficult boy without further heed as to what was to become of him. Faulty methods of transferring children within a city school system are not peculiar to this community, as they are one of the important factors in non-attendance in Chicago.[1]

By comparing the dates of Harold's arrests with his record of school attendance, it was found that each offense took place during a period of non-attendance at school. Harold's problem seems to be closely connected with the ineffective handling of his truancy and non-attendance by the school.

In brief, the failure of the school to take cognizance of the need for individual study of this boy's adaptive difficulties in relation to obviously faulty environmental factors was of fundamental importance. Though his hyperkinetic make-up made his adjustment in the school system difficult, is it not plausible that the boy's assets of good mental capacity and many healthy native interests could have been turned to useful ends, especially in view of the fact that he had no strong dislike for school? Of course there is the practical difficulty that the school authorities lack the time necessary for the making of such individual adjustments. If so, should not the school provide special classes for just such children, who require individualized attention to a marked degree? And this raises the further question, would such a special class be required if the problem had been solved in an earlier stage through the agency of the visiting teacher?

This case is one of only hypothetical treatment, since before the clinic had opportunity to carry out any recommendations, the boy was sent away from the city to the home of an uncle in another state.

---

[1] *Truancy and Non-attendance in the Chicago Schools.* See note 1, page 141.

Case X

Tom M.'s teacher, after tolerating him in her special room for over two years, with no sign of his making progress, was about to give him up in despair when she referred him to the clinic for study. She considered Tom quite "beyond school control", and felt that with his hopeless stupidity, his untamed, unresponsive make-up, and his pernicious home surroundings—there were rumors of immorality about his mother—he was foreordained to a delinquent career, like his brother Henry's. In fact, she marveled that Tom's delinquent propensities had not evinced themselves before this in other forms besides that of persistent truancy.

The family, which had been left stranded by the death of the father just prior to Tom's birth, had lived on a farm, and were said to be reputable, hard-working people. The widow and six children remained on the farm for the next six or seven years, eking out a living. During this period, it was reported to the United Charities upon the family's removal to Dallas in 1920, the mother had often been arrested for having "disorderly" people in her house, and finally had given birth to a child by a gambler, going under an assumed name, with whom she had lived for six months. There is reason to doubt whether this was a legal marriage. The United Charities had found the family living in a hovel in the most straitened circumstances, but because of the "questionable" character of the mother and daughter, emergency relief had been discontinued, although the children were being kept from school because "their clothes were not good enough".

However, in the space of three years, the family had apparently regained their equilibrium to the extent that the bare necessities were provided through the earnings of the oldest son and two divorced daughters who had come home to live. The mother worked spasmodically in a laundry or a factory. The irregularity of her employment was the basis for the rumor that her promiscuity supplied her needs at other periods. Although the four-room cottage was kept in slovenly fashion, its exterior appearance was neat and the sitting room, with its davenport and victrola and its curtains at the windows, presented an appearance of comfort. It was a haven compared to the other shacks in the street, one of the poorest in the city.

The better to realize whither Tom's school career was leading him, a glance at the history of his brother Henry may not be amiss. Henry, aged fifteen, had attended school only a few weeks in his life before moving to the city and hence, at thirteen, was placed in the regular first-grade class. In two years he had climbed to the second, in spite of very irregular attendance. After he reached the age of fourteen, the school was content to let him drift out of its jurisdiction entirely, with the result that he had done nothing but loaf ever since. He was the terror of the neighborhood gang, and in two years had been haled before the juvenile court seven times. Commitment to the reformatory was imminent when the family sent him to an out-of-town relative.

Tom, aged ten years and eleven months, appeared at the clinic a dirty urchin, undersized, undernourished, and seriously underweight. His tonsils were found to be hypertrophied and infected. The Wassermann and other laboratory tests were negative. In the psychological tests, the boy secured a mental age of 8 years, 6 months, and was classed as subnormal in general intelligence. There were no special abilities or disabilities discovered, though there was some irregularity of rating. It was thought advisable to retest the boy at regular half-year intervals, especially because he appeared to be at such a low ebb physically. He was restless, fidgety, and entirely lacking in spontaneity; his glance was furtive and darting; his interests seemed dormant and he showed no sign of initiative. In telling the story of his school life to the psychiatrist, he constantly repeated: "I just don't like it." He said that he liked his teacher, except when she whipped him. "She used to whip me more." He said that when he played hookey, he liked to go on the peddler's wagon or to the corner drug store, where he could go behind the counter. He disclosed the fact that although he never stayed at home when he played truant, yet his mother sometimes kept him at home. There appeared to be no conflict over playmates, sex, or home, and no interest overshadowing the school interest.

The clinic felt that the boy's difficulties centered around the impoverished home, although there was a redeeming feature—namely, the affection of the children for their mother. It was thought that an effort should be made to stimulate the boy's interest in school and school work, with physical rehabilitation as a starting point. It was planned to appeal to the boy's pride and to any natural interests that might be discovered, and to arouse the home and the school to consistent endeavor toward the same end, since without the coöperation of the mother and the teacher, little improvement could be hoped for in the boy.

The teacher was at first skeptical as to the possibility of the mother's ever conceiving that the boy's physical condition needed correction and of changing her indifferent attitude. Fortunately, however, the mother was in a receptive frame of mind because just at this time Henry was in court trouble, and she seemed to realize that Tom "would end the same way" if something were not done. The tonsillectomy that the clinic advised appealed to her as a concrete measure toward getting "something" done for Tom. She was, moreover, much impressed by all the attention that Tom received at the clinic, and every home visit she considered in the nature of a social call. Although she did not entirely change her unsystematic and slovenly method of housekeeping, she did pay more attention to Tom's needs in the matter of cleanliness and diet. This was accomplished partly by getting her to assist Tom in keeping a daily record of his food, rest, cleanliness, work, and play. In her zeal to have Tom's record good, the mother's attention was thus continuously focused upon her own responsibility in the matter. She was impressed with the necessity of considering Tom's attendance at school more important than the inconvenience to herself in sending him.

It should be mentioned that since Tom was in a "special room" and supposedly "mentally incapable", the truant office had never been called upon to take action in his case.

The teacher also became much encouraged over Tom's possibilities and as his attendance became regular, she could see that he was making progress in his studies. As an example of the changes that she made in her regular routine for his benefit, she allowed him to study reading from an attractively illustrated primer before he had "passed" the required primer. Tom had "hated" the latter, and in two years had failed to complete it. Now, he not only enjoyed his reading in the new primer, but finished three other books. It should be explained that the curriculum of this special room was left to the planning of the teacher, who, after some twenty-five years of teaching in the regular grades, had been so "nervously exhausted" by the large classes that she had been transferred to the smaller group in the special room. It was difficult, therefore, for her to realize that the children should not be taught the same subject matter as the children in the regular grades, the only difference to her mind being that the children in the special room should be allowed more time to complete the work.

As a further change, the teacher reversed her opinion about Tom's mother. From regarding her with condemnation she came to look upon her as a person who needed sympathy and assistance. She made the remark, "Why didn't I pay more attention to the poor child sooner?" The mother and teacher had frequent contacts regarding the boy, and the mother sang the teacher's praises.

Tom's weekly visits to the clinic apparently provided them with the incentive to make a good school and home record. He was noticeably brighter and more alert, and he took pains to make a neat appearance. His weight began to increase as a result of the milk-and-sleep régime prescribed and the decrease in his cigarette smoking. At the end of the school term he had so many "gold stars" on his chart that he was given a ball and bat, which he had coveted for some time, although he had not guessed that they would be the reward of a good record. Arrangements were made for him to spend the summer with a sister on a farm, with the idea that she should see that he kept up the regular habits of diet, rest, work, and play that had been initiated, so that in the fall it would not be so difficult for him to enter upon his school routine.

In brief, the results obtained from individualizing Tom's problems in the home and at school at least point toward a possible successful life adjustment for this boy, whose handicaps, personal and environmental, seemed insurmountable.

Five Delinquents Whose School Symptoms of Maladjustment

Number	*Age and grade*	*Reason for reference to clinic*	*Home condition*	*Significant personal factors in the environment*	*Boy's physical status*
Case I	11 years, 9 months. High fifth grade.	Three arrests in 2 months for shoplifting and theft of bicycle. Referred by the juvenile-court judge.	Cramped furnished apartments; frequent moving; fair neighborhoods. Pretenses made to cover up poverty. Never in want for the necessities.	*Father*, unstable, pleasure-loving; an expert mechanic, but always changing jobs. Drinks to excess, but is not abusive; twice arrested for bootlegging. Irresponsible with children. *Mother*, hyperactive, self-willed, proud. An office clerk for past 3 years. Frail, conscientious with children. *Sister*, 14, "bosses" boy.	Hyperactive during examination. No abnormal physical findings.
Case II	10 years, 6 months. High third grade.	Six arrests in 5 months for petty stealing, being out late at night and stealing a Ford Referred by disinterested person, since boy, a truant, seemed to be a fugitive from out-of-town probation decree.	Squalid, bare hovel. Poor outlying district. Charitable aid. Large family.	*Mother*, probably subnormal. Animallike affection for children. No conception of discipline. *Stepfather*, able, but shiftless and dishonest; indifferent to children, sometimes "cranky". *Companions*, older delinquents.	Well-nourished. Infected teeth and tonsils.
Case III	11 years, 1 month. High third grade.	First arrest in 1921 for stealing small change at home; continuous stealing since. Two arrests in 2 months for theft of bicycle and "shaking milk bottles" at 2 a. m. Referred by the juvenile-court judge.	Tumbled-down, shattered ruin. Inferior street just outside respectable neighborhood. Bare furnishings, filthy bedding, no sheets. No meals prepared for family. Shiftless and in debt.	*Father*, ignorant, forceless, but even-tempered. Steady job as street-car conductor. Long hours. *Stepmother*, aged 20, obese, slovenly, childish, resentful of children, constantly nagging; refuses to attend to children's physical wants. Family quarrels. *Brother*, 14, good influence on boy. *Companions*, older boys in gang.	Malnutrition; 6 pounds underweight. Infected tonsils.

WERE NOT HEEDED PREVIOUS TO DELINQUENCY

Boy's mental make-up	*Symptoms of maladjustment observable at school*	*Methods that might have been initiated by the school in the way of treatment*
Average in general intelligence; I. Q. 100. Rates well on educational tests. Overactive, restless, quick-tempered. Domineering. No conflicts discovered. Hyperkinetic personality, unstable type.	Generally unruly and resentful of discipline, beginning at third grade. Mother upheld boy against school authority, openly protesting at punishment. Failed of promotion, though previously having made good progress. Truant and runaway from school, with chronic slump in studies. Irregular attendance became almost constant absence. Became moody, unfriendly; associated with "toughest" boys in school.	1. Coöperation of school with mother in working out effective discipline. 2. Other home adjustments through the visiting teacher, such as enlisting father's interest in boy, and arranging for closer supervision by mother. 3. Special provision at school allowing expression of boy's hyperkinetic make-up. 4. Strict follow-up on non-attendance and suspicious excuses. 5. Cumulative record card of boy's characteristics, as well as his work and attendance.
Low average in general intelligence; I. Q. 88. Poor learning ability. An adult mechanical ability. Alert, restless, high-tempered. No feeling of inferiorty. Continually unhappy. Psychopathic personality, paranoid type.	Irregular attendance; truancy two or three times a week. Frequent tardiness. Not interested in studies. Sullen when reprimanded. Petty stealing. Profane language. Paranoid attitude toward school. Ragged and insufficient clothing. Delinquent older companions loafing near school.	1. School keeping social agency informed of need for securing better environment for boy, either in home or elsewhere. 2. Early checking of truancy and non-attendance. 3. Special provision for hand and mechanical work to stimulate interest in school. 4. Investigation of basis of paranoid attitude toward the school. 5. Change of school environment. 6. Big Brother to supervise recreational program.
Average in general intelligence; I. Q. 91. Serious difficulty over stepmother. Large knowledge of "underworld" matters. Easily led. Temper outbursts.	Repeated three half grades in three years. Inattentive and fidgety in classroom. Apathetic toward studies, except drawing. Truant half of past term. Stealing lunches, small change, pencils, etc. Dirty, ragged, and insufficient clothing. Obvious undernourishment.	1. Pressure brought to bear on father, to provide better living conditions for boy, either at home or elsewhere. 2. Non-attendance checked. 3. Correction of malnutrition — school feeding. 4. Special instruction to restore boy to his grade, where his interest in school might be restored.

FIVE DELINQUENTS WHOSE SCHOOL SYMPTOMS OF MALADJUSTMENT

Number	*Age and grade*	*Reason for reference to clinic*	*Home condition*	*Significant personal factors in the environment*	*Boy's physical status*
Case IV	14 years, High fourth grade.	First arrest in 1919 for breaking in and theft. In last 3 months, 3 arrests for theft of blankets, tools, bicycle, and destruction of property. Referred by juvenile-court judge.	Crowded, but neat rooms. Widow struggling to support family by washing and small war pension. No recreation in the home. Charitable aid. Proximity to "rough" park.	*Mother*, a widow, aged 52, indulgent with youngest son. Forceless, uneducated. *Brother*, aged 18, ambitious, steady, good influence. Gang of loafers in park, some delinquent.	Well-nourished. Previous nasal obstruction causing high arched palate; adenoid facies; slight bronchitis, nasal speech defect. Albuminuria Hematuria.
Case V	14 years, 5 months. Low seventh grade.	Constant loafing and out late at night since his refusal to continue school, February, 1923. Four arrests in last nine months, twice on suspicions of theft and later for theft of bicycle, watch and money. Referred by juvenile-court judge.	Comfortable, neat, fair-sized apartment. Family was accustomed to having luxuries before father's death in 1914. Bare necessities now. Former neighborhood "toughest" in city; present one excellent.	*Mother*, a widow, frail, high-strung; a store clerk, of obviously good intelligence. Allows boy to "run her with a high hand". Absorbed in making a living. *Sister*, divorced, aged 18, "flapper" type, capable worker. *Brother*, 17, "wild", irresponsible. One arrest. Delinquent companions in gang.	Physically mature for age; 7 pounds underweight. Hollow chested. Infected tonsils. Carious teeth. Questionable trace of sugar in urine.

WERE NOT HEEDED PREVIOUS TO DELINQUENCY—*Continued*

Boy's mental make-up	*Symptoms of maladjustment observable at school*	*Methods that might have been initiated by the school in the way of treatment*
Subnormal in general intelligence; I. Q. 75. Good rote memory for numbers. Low educational achievement. No indication of inferiority reactions, or compulsions. Constitutional inferiority (generalized mental inferiority).	Three years retarded in the regular grades. No interest in school work. Frequent truancy, suspicious excuses. Profane and obscene language on the playground. Petty stealing. A hero in the eyes of his schoolmates because of his burglary episode in 1919.	1. Early discovery of cause of school retardation. 2. Placement in an ungraded room, with pupils of his age and mental capacity. 3. Change of schools to avoid his looming up as a hero in the eyes of schoolmates because of early burglary episode. 4. Investigation by school of outside interests and putting him in touch with healthful outlets. 5. Mother forewarned of her problem.
High average in general intelligence; I. Q. 103. Remarkable auditory rote memory. Poor mechanical ability. Energetic. Hypersexual. "Morally obtuse."	Irregular attendance and occasional truancy. Sudden development of defiant attitude toward authority of school. Older delinquent companions, who had already dropped school. Dropping of school by boy, who had always evidenced interest in school work.	1. Attempt by school, preferably through a visiting teacher, to provide consistent masculine supervision and interest for boy. 2. Encouragement to continue in school under a principal who was especially sympathetic with adolescent boys. 3. If attempt to keep boy in school failed, follow-up by school authorities (vocational bureau) to secure employment and supervise in employment.

FIVE POTENTIAL DELINQUENTS TREATED BY THE

Number	*Age and grade*	*Reason for reference to clinic*	*Home condition*	*Significant personal factors in the environment*	*Boy's physical status*
Case VI	11 years, 1 month. High third grade.	No arrests. A record for truancy for 3 years in present school. Truant 44 times this year. Steals money from home. School principal asked mother to coöperate with clinic.	Cramped, dilapidated cottage, but well arranged. Systematic. Roomers. Limited budget, mother takes in sewing. Fair boarding-house neighborhood.	*Mother*, a widow, fair intelligence; indulgent with "baby" of large family. A churchgoer. Conscientious. *Sisters* (2 older), a negative influence. No masculine supervision.	Well-developed, 13 pounds overweight. A mouth breather. Infected tonsils. Indication of endocrine imbalance.
Case VII	10 years, 10 months. High fourth grade.	No arrests. Stealing $12 worth of school equipment; breaking 20 windowpanes at school; continually getting into "scrapes" and lying out of them. Referred by school principal.	Five-room, modest apartment near business district. Financial reverses; luxurious tastes; day laborer's pay.	*Father*, care-free, "an incurable optimist" about his reverses; formerly alcoholic; profane. Little interest in and responsibility for the 2 sons. *Mother*, attractive, clever, "apprehensive type". For first time, doing part-time work as store clerk. Rough companions.	Well-nourished, well-developed. Slight rhinitis. Poor oral hygiene.
Case VIII	12 years, 4 months. Low fourth grade.	One court appearance for truancy. Involved in theft of lunch tickets at school. Truant about one-third of time. Referred by school principal.	Ramshackle cottage; cluttered house and yard; dirty. Out-lying district, near foreign section.	*Father*, high-tempered, irritable, a steady drinker, often squandering wages. Continuous work as horse-shoer. *Mother*, married at 15, 10 pregnancies in 13 years. 5 living children. Easy-going, slovenly. Quarreling between parents, mother shielding children from father. Delinquent associates in gang.	Well-developed. Slightly underweight. Infected tonsils. Slight visual defect. Glasses unnecessary.

Clinic in Coöperation With the School

Boy's mental make-up	*Symptoms of maladjustment observable at school*	*Measures of treatment that have been effected by the clinic in coöperation with the school.*
Low average in general intelligence; I. Q. 88. Poor comprehension and judgment. Special mechanical ability. Suggestible, energetic, distractible, explosive. Hyperkinetic psychopath.	Record of truancy for three years in present school. Forty-four days of non-attendance in 1922-23; 15 days of technical truancy. Mother frequently sanctioned non-attendance on trivial excuse. Irresponsible, inattentive, and restless in classroom.	1. Mother shown the necessity of teaching regularity of habits at home to carry over to school activities. 2. Boy made to fill out daily schedule of home, school, and play activities. 3. Big Brother secured. 4. Principal and teachers given fuller realization of boy's limitations. Arrangements made for special class in manual training. 5. Plan for further endocrinologic study.
Average in general intelligence; I. Q. 97. Attention poor. Good mechanical aptitude. Suggestive, evasive, irresponsible, inaccessible. Inadequate personality.	Impresses teacher as "sneaky"; no evidences of this in classroom. Teacher feels that principal "picks" on boy. Occasional truancy. "Vandalism" on playground. Associates with older boys, "the toughest in school". Discipline has no lasting effect.	1. Home situation interpreted to the principal, who realized that school discipline without home coöperation, was of no avail. Principal changed point of view regarding boy's inherent "badness". 2. Family council held with clinic director, to plan effective discipline. Father's companionship with boy enlarged upon. 3. Mother's getting acquainted with tough companions, with result that boy no longer desired to associate with them.
Low average in general intelligence; I. Q. 81. No special abilities discovered. Paranoid attitude toward school. Tendency to blame all actions on others. No aberrant reactions.	Failed of promotion three times in low fourth grade; formerly regular promotions. Irregular attendance, due to trivial causes. Frequent truancy for 18 months. Inveterate cigarette smoking evidenced at school. Companionship with group of habitual truants.	1. Principal's point of view about boy changed from "hopeless" to "worth working for". Principal surprised to know that parents wished to coöperate. 2. Parents brought to realize the seriousness of boy's problem, and to make frequent direct contacts with the school. 3. Parents helped to see that home friction was potent factor in conditioning boy's behavior. 4. Tonsillectomy and correction of faulty habits of diet and irregular daily routine. 5. Truancy has continued, but at less frequent intervals, due largely to inability to gain access to the "gang".

Five Potential Delinquents Treated by the

Number	*Age and grade*	*Reason for reference to clinic*	*Home condition*	*Significant personal factors in the environment*	*Boy's physical status*
Case IX	12 years, 5 months. Low fifth grade.	Mother first complained to court that boy played truant, stole at home, was out at night. First arrest for shoplifting at ten-cent store; second arrest on complaint of mother for truancy and running away. Referred by juvenile-court judge	Comfortable and well-kept room with porch in apartment, belonging to married sister. In comfortable circumstances. Lived on own farm until 1 year ago.	*Mother*, a widow, passive, cold, forceless; unconcerned, preoccupied in manner; failed to make good adjustment after husband's death. Quick to blame boy, but slow to understand. *Half-sister*, married, didn't want to "bother with" boy. One delinquent companion, boy's hero.	Well-developed and well-nourished. Infected tonsils.
Case X	10 years, 11 months. Low first grade, "special room".	No court record. Attended 35 days during 1922-23, up to April. "Idles" in the classroom. Referred by teacher, who felt boy "beyond any school control".	Widow and 7 children live in four-room cottage. Livable sitting room, victrola, davenport. Neat exterior. Marginal income. Transient, low-type neighborhood.	*Mother*, widow, haggard, high-strung, unsystematic, of fair intelligence; thought to be "immoral", and to have an illegitimate child. Works irregularly at laundry. *Oldest brother*, main support of family, steady day-laborer. *Sisters* (2), factory workers, divorced; question of their promiscuity. *Brother*, 15, refuses to attend school or work. Several arrests.	Seriously undernourished. Infected tonsils. Poor oral hygiene.

CLINIC IN COÖPERATION WITH THE SCHOOL—*Continued*

Boy's mental make-up	*Symptoms of maladjustment observable at school*	*Measures of treatment that have been effected by the clinic in coöperation with the school*
Low average in general intelligence; I. Q. 85. Marked mechanical aptitude. No personality defect. Tremendous sense of deprivation over loss of father. Resentment over alleged unfair treatment at the school.	Two-weeks truancy during first term. Rumor of delinquent companion, known to the school principal to be already seriously delinquent. Unsatisfactory proof of guilt for theft of chain and other small articles. Indifferent in classroom.	1. Interpretation of boy's problem as a "whole" to the school, resulting in 2. Sympathetic interest of the school in helping the boy rather than in "piling up scores" against him as a "would-be pathological" case. 3. Special arrangements made with principal to allow boy to enter manual-training class; also to give him a definite school responsibility, such as posting bulletins. 4. Interpretation of school to mother who was unused to a city school system. Mother evidencing to boy her encouragement. 5. Securing Big Brother. Desire for delinquent companion obviated.
Probably subnormal in general intelligence; I. Q. 78 Irregularity of rating. No special abilities or disabilities discovered. Lacking in interest and initiative. Restless. Reactions like those of "wild boys". No conflict over playmates, sex, or home.	Two years in the "special room"; no progress whatever. Attendance 35 days during 1922-23. "Just sits and looks." Takes no part in games. Thin, wan, and undernourished in appearance. Ragged and insufficient clothing. Dirty.	1. Marked change in teacher's attitude toward boy's educability and capacity to be interested in school. 2. Teacher began to vary the "established" curriculum to suit boy's needs and interests. 3. Stimulation to perfect attendance, effort, and individual improvement in health and cleanliness by use of daily schedule and merit card. 4. Tonsillectomy. 5. Mother, through clinic contact, evidenced eagerness to have boy make good school record and saw need for his physical rehabilitation.

BIBLIOGRAPHY

Abbott, Edith, and S. P. Breckinridge. *The Delinquent Child and the Home.* New York: Charities Publication Committee, 1916.

Abbott, Edith, and S. P. Breckinridge. *Truancy and Non-Attendance in the Chicago Schools.* Chicago: University of Chicago Press, 1917.

Anderson, V. V. *Report of the Mental Hygiene Survey of Cincinnati.* Cincinnati: The Mental Hygiene Council of the Public Health Federation, 1922.

Bailey, Pearce. *Backward and Defective Children.* New York: New York State Commission for Mental Defectives, 1920.

Baker, Herbert. "The Passing of the Juvenile Court." *The Survey,* Vol. 45, p. 705, February 12, 1921.

Blumgart, Leonard. *Observations on Maladjusted Children.* MENTAL HYGIENE, Vol. 5, pp. 327-41, April, 1922.

Bonser, F. G. *School Work and Spare Time.* Cleveland: Survey Committee of the Cleveland Foundation, 1918. (Publication No. 28.)

Brewer, John M. *The Vocational Guidance Movement; Its Problems and Possibilities.* New York: The Macmillan Company, 1918.

Bronner, Augusta. *The Psychology of Special Abilities and Disabilities.* Boston: Little, Brown, and Company, 1917.

Brown, Sanger, II. "Mental Hygiene Problems of Delinquent School Children." *Proceedings of The National Conference of Social Work at the Forty-seventh Annual Session* (pp. 367-77). Chicago: National Conference of Social Work, 1920.

Carden, G. *Enforcement of Compulsory Full-Time School Attendance in California, 1922.* (Superintendent of Public Instruction, Bulletin No. 9.) Sacramento: California State Printing Office, 1922.

Chute, Charles L. *Probation in Children's Courts.* Washington: Government Printing Office, 1921. (Children's Bureau Publication No. 80.)

Clark, Ruth Swan. "The Continuation School." *The Survey,* Vol. 45, pp. 541-42, January 8, 1921.

Doll, E. A. "Education of Juvenile Delinquents." *Journal of Delinquency,* Vol. 6, pp. 331-46, March, 1921.

Employment Certificate System, The. Washington: Government Printing Office, 1919. (Children's Bureau Publication No. 56; Children's Year Leaflet No. 12.)

Flexner, Mary. *Report of the Visiting Teachers of the Public Education Association for the Year 1911-12.* New York: Public Education Association of the City of New York, 1913.

Gesell, Arnold. "Public School Provision for Exceptional Children." *Annals of the American Academy of Political and Social Science,* Vol. 98, pp. 73-81, November, 1921.

Gleim, Sophia. *The Visiting Teacher.* Washington: Government Printing Office, 1921. (Bureau of Education Bulletin, 1921, No. 10.)

Goddard, Henry H. *Juvenile Delinquency.* New York: Dodd, Mead, and Company, 1921.

Gulick, Luther. *Why 250,000 Children Quit School.* New York: Department of Child Hygiene, Russell Sage Foundation, 1910.

Healy, William H. *Practical Value of Scientific Study of Juvenile Delinquents.* Washington: Government Printing Office, 1922. (Children's Bureau Publication No. 96.)

Healy, William, and Augusta F. Bronner. *Case Studies,* Series 1. Boston: Judge Baker Foundation, 1922-23.

Henry, Mary B. "Near Delinquents in the Public Schools." *Journal of Delinquency*, Vol. 5, pp. 529-48, November, 1921.

Hiatt, J. S. *The Truant Problem and the Parental School.* Washington: Government Printing Office, 1915. (Bureau of Education Bulletin, 1915, No. 29.)

Holbrook, David H. "The Teacher Who Came Back." *The Family*, Vol. 1, No. 10, pp. 1-8, February, 1921.

Lundberg, Emma O. "The School and the Juvenile Court." *The Survey*, Vol. 45, pp. 703-4, February 12, 1921.

Mangold, George Benjamin. *Problems of Child Welfare.* New York: The Macmillan Company, 1914.

Merrill, Lilburn. "Public Schools and Treatment of Delinquent Children." *Journal of Delinquency*, Vol. 5, pp. 207-14, November, 1920.

Pennsylvania State Department of Public Instruction. *Report of the Survey of the Public Schools of Philadelphia.* Philadelphia: The Public Education and Child Labor Association of Pennsylvania, 1922.

Pratt, Anna B. "Should the Visiting Teacher Be a New Official?" *Journal of Social Forces*, Vol. 1, pp. 300-04, March, 1923.

Reed, Anna Y., and W. Woelpper. *Junior Wage Earners.* New York: The Macmillan Company, 1920.

Social Service of the Courts. (Proceedings of the National Probation Association, 1922.) New York: The National Probation Association, 1923.

Standards of Child Welfare. Washington: Government Printing Office, 1919. (Children's Bureau Publication No. 60.)

State Compulsory School Attendance Standards Affecting the Employment of Minors, January 1, 1921. Washington: Government Printing Office. (Children's Bureau Chart Series No. 2.)

Thurston, H. W. *Delinquency and Spare Time.* Cleveland: Survey Committee of the Cleveland Foundation, 1918. (Publication No. 27.)

"Underprivileged and Delinquent Children of Dallas." *Civic and Social Review* (Dallas, Texas), Vol. 4, No. 9, pp. 1-11, September, 1920.

Visiting Teacher, The. Washington: Government Printing Office, 1919. (Children's Bureau Publication No. 55; Children's Year Leaflet No. 11.)

Visiting Teacher in the United States, The. (A Survey by the National Association of Visiting Teachers and Home and School Visitors.) New York: Public Education Association of the City of New York, 1921.

White-Williams Foundation, The. (Five Years' Review for the Period Ending December 31, 1921.) Philadelphia: White-Williams Foundation, 1922.

Woolley, Helen T., and H. N. Hart. *Feebleminded Ex-School Children; A Study of Children Who Have Been Students in Cincinnati Special Schools.* (Helen S. Trounstine Foundation Studies, Vol. 1, No. 7, pp. 233-64.) Cincinnati: Helen S. Trounstine Foundation, 1921.

ABSTRACTS

THE PRACTICAL VALUE OF THE STUDY OF PERSONALITY IN MENTAL DISORDERS. By George S. Amsden, M.D. *American Journal of Psychiatry,* 2:501–13, April, 1923.

From the point of view of practical psychiatry, Dr. Amsden defines personality as "the aggregate of those tendencies predisposing to reactions which the individual has come habitually to display in the adjustments his life has required of him". The study of personality from this point of view is largely a study of habitual behavior, with a view to determining what factors, instinctive, emotional, and intellectual, have entered into that behavior.

Personality studies of this nature are of value to the psychiatrist for purposes of diagnosis, prognosis, and treatment. Even in the organic psychoses, psychotic behavior follows in general the trends of the personality. An analysis of the personality, moreover, enables one to estimate with some certainty which psychotic manifestations are likely to remain fixed, and what likelihood there is that healthful or corrective reaction tendencies will assert themselves. It reveals also what resources the patient may be expected or persuaded to employ in the course of his treatment, and thus helps the psychiatrist to map out that treatment more intelligently.

As a guide in such studies, Dr. Amsden suggests that four aspects of the personality be selected for investigation, the sources of information being the patient's relatives, friends, teachers, employers, and any other persons who may know him, as well as the patient himself, so far as he is able to lend himself to inquiry. The information secured must be checked up as the investigation proceeds, and must relate only to those periods of the patient's life when he was well.

The four topics suggested for study are (1) the patient's intellectual activities with special reference to handicaps; (2) his somatic demands; (3) his estimate of himself—his attitude of self-criticism or self-approval; and (4) what may be called his urge or imperative to adaptation—his eagerness to live and to enjoy.

Under the first topic, Dr. Amsden includes data on the receptive and acquisitive aspects of intellectual activity, on retentiveness, and on ability to use past experiences constructively. "In gathering these data", he states, "it is especially advantageous to make the inquiries also contribute as much as may be to an estimate of the liveliness of the individual's sense of reality. Not infrequently a study of the reactions associated with the intellectual activities reveals the essentials of a case. For, if a person of good receptivity is somewhat inattentive or absent-minded, somewhat impractical, lacking in intellectual initiative, impulsive in judgment, a little disinclined to plan well, and if it appears, also, that these reaction tendencies indicate a fairly general lowered sense of reality, we then know that we have to do, in all probability, not with an individual primarily defective intellectually, but rather with one sidetracked by some sort of competing interest, usually a deviate emotional or somatic one. We know that such an individual may be compromised in a dangerous respect. On the other hand, if the individual is unusually alert, very receptive, very inquisitive, busy intellectually, we may be reasonably well assured that his sense of reality is satisfactory and our further question, perhaps already tentatively answered in outline, is whether the busy intellectual activity is constructively coördinated, or whether it more definitely contributes, for instance, to the foundation for a manic disorder.''

The second topic—somatic or, better, psychosomatic demands—Dr. Amsden divides into two sub-topics—the demand for motor or psychomotor activity and the demands of sex. An estimate of the first—as revealed in a tendency to display of energy, to talkativeness, and to enthusiasm, or in a contrary tendency to inactivity, sluggishness, and so forth—is of obvious importance to the psychiatrist. ''He must account for a plus or minus activity'', determining whether it is ''due primarily to a physical or physiological deviation, or whether there is at play as an important factor some type of morbid fascination or tendency to compensatory activity''.

With regard to the demands of sex, inquiry should be directed in the first place to ascertaining whether the patient has met these demands frankly. If frankly, it is important to know whether the reactions to which he has committed himself are hygienic or unhygienic; if not frankly, whether the lack of frankness has resulted in deviate reactions of a hampering sort—whether, for instance, a feeling of guilt or over-sensitiveness has prevented corrective contact with others and thus increased the patient's discomfort and led to unhealthful habits. Accurate information on this subject is difficult to secure directly. It must usually be inferred from data on such matters as the nature of the patient's relations with his family and friends, the presence or absence of tics, phobias, eccentricities, and the like; his reactions in relation to feelings of affection and sympathy; and any reactions that may have as their basis prudishness, over-niceness, or their opposites. The inferences drawn from these data must later be checked up with information in regard to the other topics.

The third topic—the patient's estimate of himself—is closely related to the second, since deviations in the field of sex are likely to form a basis for adverse self-criticism. A tendency to measure one's self with others and with the problems presented by one's environment is natural and desirable. When the comparison is favorable, the reaction tendencies are likely to be in harmony with a frank acceptance of capability or adequacy, in which case the personality is considered a good one. When the comparison is unfavorable, a number of possibilities present themselves. The individual may face the fact of his inadequacy frankly and show a healthful inclination to overcome it. Here again the personality is good. But in other individuals such an unfavorable comparison may result in a tendency to shrink and become clinging and dependent, or to lie down and refuse or neglect responsibilities, or to avoid them by deceit or cunning. Still other individuals may resort to automatic evasions of other sorts, among which compensatory and substitutive reactions are conspicuous.

The psychiatrist's task here is to determine whether the patient does compare himself unfavorably to any significant degree, and to what extent the feeling of inadequacy has affected the personality. Here again direct information will be hard to secure, as in 80 per cent of the patients who suffer from this feeling, friends and relatives are unaware of it, and the patient himself realizes it only blindly if at all. Inferences can be drawn from such data as whether the patient is much or little influenced by the opinions others hold of him, whether he is proud or vain, whether he is fussy about his dress, and whether he makes much of his discomforts. Inability to make friends, uneasiness in the presence of strangers, tendency to jealousy, and the like, are other touchstones, as well as habitual reactions of mood, such as worry, anxiety, apprehensiveness, irritability, sensitiveness to criticism, and so on. The degree to which the patient may be on guard as a result of his feeling of inadequacy is also to be established. "This estimate is satisfactorily made by inquiries which show the extent to which the patient may be reticent, over-conscientious, committed to habits of fixed routine and to a demand for excessive precision; by inquiries into reactions such as ability to obey and to coöperate, to receive advice, ability to receive correction or to see one's mistake—in other words, by the degree of stubbornness." Many of these traits appear in persons who keep a normal balance. "In fact", Dr. Amsden states, "the primary impulse of which these are exaggerations or distortions may be a favorable one. When, however, we have a break in our adaptational compensation, as we have in mental disorders, the presence or absence of traits of this class is, for diagnosis, prognosis, and treatment, of crucial importance."

The last topic is the really important one of the four. It relates to the compelling urge to adapt that is strong in every healthy-minded human being. ''A constructive assertion of it is seen directly in ambition, courageousness, and vigorousness generally'', and any marked diminution of these reaction tendencies should always be accounted for. The same impulse is at the bottom of another important group of reactions, which might be called para-constructive reactions. They are displayed in the prosecution of cultural interests, in diversions, sports, games, and the like. They are of special value to the psychiatrist, not only as aids in the estimation of personality, but because they often constitute resources that can be relied upon in the retraining of patients.

The value of such a guide as this, in Dr. Amsden's opinion, lies in the fact that it helps to keep personality studies from becoming diffuse and pointless. The scheme outlined has proved useful from the practical point of view, whatever criticism there may be of it on other grounds.

ETHICS, PSYCHOLOGY, AND THE CRIMINAL RESPONSIBILITY OF THE INSANE. By S. S. Glueck, LL.M. *Journal of the American Institute of Criminal Law and Criminology*, 14:208–48, August, 1923.

The problem of criminal responsibility has theoretically always been more or less bound up with the metaphysical question of free will versus determinism. Glueck shows how various theories of punishment have been based upon one premise or the other, and how lack of clearness and consistency in the use of terminology on both sides has resulted in such confusion that almost diametrically opposite conclusions can be drawn from either premise. As a matter of fact, the metaphysical aspect of the problem belongs to the realm of philosophical speculation and has nothing to do with the actual administration of the law. Practically, criminal responsibility is a problem of human behavior, and the real issue lies, not between the upholders of an abstract freedom of the will and their opponents, but between two schools of psychology—the behaviorist and the mentalist.

The first is based upon the conception of man as a machine or at best a ''conscious automaton''. This conception does away with both moral and legal responsibility. If the law proceeded upon a basis of strict behaviorism, it would consider only the external act. It would not be concerned with motive and intent or with the mental states that preceded or accompanied the criminal act. The plea of insanity as a defense would thus be thrown out of court, since it is only in the matters of volition and intention that the offense of an individual who commits a crime while insane differs from that of a sane criminal.

This purely objective view of criminal acts was the view taken in primitive times. "Primitive law ignored the personality of the agent . . . No account was taken of 'extenuating circumstances', of mental defect or disease, and its influence on free volition. No account seems to have been taken of moral obliquity, which rests upon recognition of the capacity for conscious, purposive action. There was just the fact of antisocial behavior, vaguely recognized as such, without inquiry into the extent to which this behavior might have been due to the enslaving influences of heredity or developmental and environmental factors. 'Intention' had little to do with it. . . . What was the act and who was the author thereof, were the only pertinent queries."

But the development of the law has been away from this primitive conception of crime, and at present it is tending more and more toward the position occupied by the second of the two schools of psychology—the mentalist. Contrary to the behaviorists, this school assumes that human beings are to a certain extent free agents, in the sense that they possess in varying degrees a capacity for conscious, purposive action—a capacity that may, however, be weakened or destroyed by abnormal mental conditions. From this point of view, the problem of criminal responsibility becomes a matter of determining in each case whether such conditions were present in the criminal at the time the crime was committed and to what extent they influenced his act. It is a point of view that focuses attention upon the criminal rather than upon the crime, and upon the criminal as an individual, different from every other individual, rather than as a member of a class of persons who have committed the same kind of crime.

Glueck then shows how this psychological conception of the freedom of the will—a conception that takes into account the influences of heredity, of environment, and of unconscious as well as conscious motives—has really been the basis of all theories of punishment that lay any claim to morality, even of those that are ostensibly based on other grounds.

The article concludes with a short discussion of the ideal penal system, which would be based upon a thorough clinical study of the individual criminal and would take into account, not only such conditions as mental disease and mental defect, but all the factors, hereditary and environmental, that have helped to make him the particular kind of person he is. An indispensable part of such a system would be the psychopathic-sociological clinic, which would have the leading rôle both in the pre-sentence examination of the offender and in the question of his disposition. It would also have general supervisory jurisdiction over such matters as the nature and length of penal and disciplinary treatment, probation, and parole. "To examine an offender and prescribe a program of treatment without the opportunity to supervise and modify such treatment, as necessary, and without the power of determining the length of such treatment, has little practical value. As the courts, police system, and institutional treatment of offenders are all concerned with different angles of the same problem, the criminal clinic, police, court system, and penal institutions could more effectively be combined under one general supervision, such as a general ministry of justice. But whether this is so or not, the work of clinics in dealing with juvenile delinquents has been so promising that such institutions dealing with all offenders and having closer connection with penal treatment ought to be generally used. Under such a scheme the 'criminal responsibility' of the offender who pleads 'insanity as a defense' could be as thoroughly and impartially determined in his case as in all other cases, once a jury found the fact as to whether he committed the criminal offense or not, or once the commission of the act was confessed."

THE PLACE OF MENTAL HYGIENE IN THE SCHOOLS. By Walter L. Treadway, M.D. *American Journal of Public Health,* 13:928-37, November, 1923.

Dr. Treadway approaches his subject from the point of view that an analysis of the types of mental disease represented in first admissions to state hospitals, and the relative incidence of each type, will indicate in a general way what kind of preventive work in mental hygiene is needed among the children now in the public schools. Reviewing the 68,983 first admissions to sixty-one state hospitals during the period 1917-1922 inclusive, he finds that they may be roughly divided into three groups of disorders. The first includes mental conditions associated with structural changes in the brain or conditions that interfere with its nutrition; the second, disorders associated with faulty mental adjustment, often known as "functional" disorders; and the third, disorders characterized by abnormal personal make-up. The first group comprises 37.46 per cent of the total number of first admissions during the period studied, the second group 47.69, and the third group 7.04 per cent.[1]

Of the conditions included in the first group, three are of particular importance from the point of view of preventive work with school children—alcoholism, general paralysis, and cerebral syphilis. With regard to the first, it is probable that much can be accomplished in the way of prevention through the adequate instruction of children, but there is still much to be learned about the biologic and social effects of alcohol before such instruction will be possible. ''The inculcation of principles of obedience to law and temperance during early life should serve to promote habits indirectly lessening those mental disorders incident to the use of alcohol. The alcohol problem, however, is so closely interwoven with the whole life of a people that research into the existing social conditions among drinkers and in families are likely to shed greater light on the question than studies on the isolated biologic situation.''

---

[1] The remaining cases were unclassified or not insane.

At least ten in every hundred of the first admissions studied were due to general paralysis or to cerebral syphilis, both of which are the result of syphilitic infections, and the vast majority of these infections are caused by promiscuity in sex relations. While recognizing the complexity of the problem of sex education for school children, and the necessity of careful consideration before the adoption of a definite program with regard to it, Dr. Treadway is of the opinion that some knowledge of the results of syphilitic infection, imparted to boys of the higher age groups and perhaps to girls, would increase their sense of the possible dangers of promiscuous sex relations and in this way serve as a significant factor in venereal-disease control. The character of such instruction he believes to be a medical problem which should be handled by the organization concerned with the medical supervision of school children.

The next group of cases—those associated with faulty mental adjustment—includes almost half of the total number of first admissions. Dementia-praecox, manic-depressive insanity, the paranoid conditions, the psychoneuroses, and anxiety states are the disorders that make up this group. The so-called longitudinal approach to the study of these cases—which consists of an analysis of the patient's personality prior to his illness, the precipitating causes of that illness, and the content of the ideas expressed by the patient during the course of it—has thrown new light upon them. The life history of such patients usually shows ''habits of thought and conduct that have crystallized into longings and ruminations which interfere with efficiency and appear to serve in the genesis of a psychosis''. The unfortunate character traits may be grouped under eight general headings: (1) signs of unhealthily balanced interests; (2) signs of unnatural wishful thinking; (3) signs of faulty attention; (4) signs of inconsistent activity; (5) signs of incongruous independence of conduct; (6) signs of inadequate social adaptation; (7) signs of unhealthy defense reactions; and (8) signs of adverse social adjustment. Factors that appear to have an important influence on the development of these traits are ''premature competition and overstimulation in early childhood, lack of discipline and training with regard to the actual realities with which the individual is always confronted, and repressions which interfere with an adequate solving of individual difficulties''.

The significance of these character traits becomes evident when one realizes that the causes that precipitate a mental breakdown and the content of the ideas expressed by the patient during his illness are consonant with the innate tendencies of his personality. Efforts for the prevention of mental disorders of this group, therefore, seem to lie in the direction of recognizing and correcting undesirable character traits in children. Much can be accomplished in this field, Dr. Treadway feels, by stimulating public-school officials to use more freely the services of trained psychiatrists as an integral part of the system of medical inspection and supervision of school children. While it is still too early to draw definite conclusions as to the value of such psychiatric service in the actual prevention of mental disease, its practical value in the way of correcting faulty habits of conduct and thought among children has already been proved beyond question by the results of such work as that of Campbell and Richards in Baltimore and of Taylor and Thom in Boston.

The third group of patients among first admissions to state hospitals includes the epileptic, the constitutional psychopaths, and the mentally deficient. From the point of view of this group, preventive work with school children consists largely of the provision of special facilities for those who are unable to profit by the usual course of study, and the correction so far as possible of physical and environmental conditions that tend to handicap mental development. Recognition of the children who need special treatment is the first step in such a program and in this an adequate system of medical inspection and supervision of schools, which would take into account mental as well as physical conditions, can be of great assistance.

THE PSYCHOPATHIC INDIVIDUAL: A SYMPOSIUM *

Arranged and Edited
by
BEN KARPMAN, M.D.
St. Elizabeths Hospital, Washington, D. C.

The delimitation of our conception of psychopathies has been a very slow process, partly, no doubt, because much of psychopathic behavior, taken in an individual cross section, does not appear to differ strikingly from normal human behavior, and partly because of its frequent combination with other types of maladaptation. Society is in a sense far more ready to deal with the consequences of psychopathic behavior than with its causation and prevention. In spite of an amazing mass of clinical material that we have accumulated about the psychopathic individual, his inner life still remains quite unknown to us, and we are particularly ignorant of the psychobiologic background that underlies such behavior. Here, as perhaps elsewhere, a wide diversity of opinion still exists even as to what may properly be included under the term psychopathy and as to its relation to other types of maladjustment.

Where, indeed, does the main difficulty of the psychopath lie? Is it in the intellectual field? If so, how are we to explain his frequently good, even superior, native intelligence? Is there anything wrong with his emotional make-up? There seems to be some truth in that. The psychopathic individual shows to a very marked degree an emotional instability and wide fluctuations in mood and temper that are quite pathological. In the presence of a strong urge, his good intelligence often fails him, and feeling seems to control and overflow the entire personality. Brutally selfish, he is sometimes capable of high, altruistic deeds; frequently mean and contemptible and easily provoked to marked irritation, he sometimes surprises one by being excessively polite.

But if the defect of the psychopath lies largely in the emotional field, what are the specific characteristics of his emotional make-up and wherein does it differ from other types of emotional disturbance? The psychopath also shows a certain inability to feel himself into other persons or into the social group in which he lives and functions; one may speak of it as dyspathia. But if the psychopath cannot read himself into others, should not we, the others, make an effort to read ourselves into him? In other types of maladjustment we have often been able to trace the difficulty to the psycho-sexual life of the individual. Even though the sexual life of the psychopathic individual is to all appearances normal, may it not be that his social maladaptation is merely secondary to some deeper underlying biologic difficulty, perhaps sexual in nature? There is some evidence to suggest that. Are the defects spoken of merely partial and sporadic, or are they lifelong reactions, expressions of the personality as a whole?

---

* Read at the meeting of the Clinical Pathological Conference, St. Elizabeths Hospital, Washington, D. C., May 15, 1923.

What is the social cost of the psychopath, to what extent does he contribute to the criminal classes, and wherein does his criminal behavior differ from other types of criminal behavior? What, on the other hand, is the social value of the psychopath? He is not always a criminal or delinquent, and his cultural contribution is often of no mean significance; witness, for example, the remarkable, though not at all exceptional, instance of Benvenuto Cellini. May not a better knowledge of the psychopath rid the world of much misdirected energy and false leadership and divert otherwise misspent efforts into useful and constructive channels, even, perhaps, help to solve many of our social ills? Finally, what are the best methods of approach to a more intimate understanding of the problems which the psychopath, singly and en masse, constantly creates? What, in a word, is the genesis of the psychopathic personality and what are the best methods of handling this class of individuals?

These are all problems of weighty import to society at large and they present a specific task to mental hygienists. It is hoped that this symposium, by answering some of the questions involved and voicing others, may help to contribute toward a better and clearer understanding of the problem of the psychopathic personality.

ON THE ETIOLOGY OF PSYCHOPATHIC STATES

WILLIAM A. WHITE, M.D.

Psychopathic as a prefix has come to be a wastebasket into which all sorts of things have been thrown. It is a sort of middle ground for the dumping of odds and ends, as the praecox group used to be. Society has a developed machinery—more or less ponderous and creaking and ineffective, to be sure, but nevertheless based upon fairly concrete formulations—for handling the so-called insane at one end and the so-called criminal at the other. The psychopaths fall between. They belong in neither group, and they get into either more or less by accident.

I feel about the etiology of these states much as I do about all the other psychopathological conditions. The term constitutional, as qualifying psychopath, is unfortunate, because it indicates that necessarily the condition is congenital and inherited and therefore hopeless. It were better, I believe, to leave that question open until it can be solved unequivocally. The psychoanalytic school has taught us how what appear to be well-marked constitutional character traits may be traced to early infantile fixations and how they may be modified by psychotherapy. There are, of course, other points of view, but this is the most pregnant for purposes of investigation and of treatment. I cannot help but think of certain instances among the lower animals where what would by common consent be considered hereditary characteristics can be produced as a laboratory experiment. For example, wingless insects can be made to develop wings if treated with magnesium salts and sugar in certain concentrations. Thyroid accelerates the development of tadpoles into frogs, while thymus causes giant tadpoles at the expense of differentiation. We are not yet in a position to be dogmatic about what is constitutional and inherited and what is acquired very early in life.

I believe that one of the things that we should not lose sight of in this whole question of diagnostics is the necessity for more accurate descriptive delimitations of the psychopathic state and clearer ideas of what may reasonably be referred to heredity. This will need actual observation and experimental work that takes into account the Freudian claims in the realm of the early influences and fixations. In the fascinating field of interpretation which the psychoanalysts have opened up for us the young psychiatrist has been running a bit wild. He has enjoyed the new experience so thoroughly that he has forgotten to take account of many of the old and well-recognized landmarks. I have always stressed the importance of interpretative psychiatry as against descriptive. I am feeling now, however, that the pendulum has swung far enough in that direction and that we should come back to the accurate descriptive part of our work, so that we may know more definitely what it is we are called upon to interpret. A better developed description of the psychopathic state is, therefore, in my opinion essential at this time.

TERMINOLOGY

LOREN B. T. JOHNSON, M.D.

The evolution of psychiatry has been so rapid that neither its nosology nor its terminology has as yet been sufficiently crystallized to enable us to be quite sure of the connotations when fellow psychiatrists are in conversation. The term psychopath, among others, seems to have many different meanings, and this very brief discussion is offered in the hope that it may lead to a slightly clearer idea of what constitutes a psychopath.

From the standpoint of etymology, a psychopathic person might be defined as an individual with a sick psyche. According to this definition any one who is sick mentally should be classed as a psychopath. Possibly at some time in the past such a definition would have sufficed, but as psychiatry has become more discriminative, we have found it necessary to be more definite, and words have come into common usage that are descriptive of various groupings of mental illness. This differentiation has been carried on until psychiatric nosology has emerged fairly well, leaving, however, a large unclassified group who are lumped together under the heading psychopathic.

If we take behavior as the common denominator of all kinds of mental illnesses, we find a group of individuals whose behavior is not acceptable to the herd, but is quite satisfactory to themselves. We find also another group whose behavior is not satisfactory either to the herd or to themselves. This second group, the psychoneurotic, has much trouble with adjustment and fails to satisfy any one. A third group, the psychotic, in the depths of the catatonic and hebephrenic regression, has given up the struggle and retreated to regions much less stormy.

The first group may be split off from the general concept of psychopath because of the common factor of satisfaction with their own behavior. If one were bold enough, one might be tempted to coin the word "psychosatipath" for this group, because they are so satisfied.

The term constitutional psychopath is objectionable because it implies that an individual of this type is born so, and that, therefore, there is nothing to do about it. Certainly, the term expresses the opinion on the part of society that he is a bad egg, to be chased from one environment to another, in and out of sanitariums, jails, and institutions for the insane. Such a concept may be the true one, but it is a discouraging one and therefore not to be accepted if it is possible to find one less static.

While it may be true that a careful biological study of the psychopath will reveal some abnormalities, I am not sure that any of these variations, or any combination of them, can be considered as pathognomonic of the psychosatipath. There are too many normal people handicapped from birth with similar variations to permit of this belief.

Is it not the play of the environment upon the individual, however he may be constituted, that produces this type of individual? May it not be that in the effort to adjust instincts to the complexities of society this type of individual has been forced by environmental factors to choose methods of adjustment that were the only ones possible for him? If this be so, then something can be done about it.

I have in mind boy twins, about one of whom the mother consulted me. This boy was developing badly, while his brother was a normal boy. No physical causes for the first child's malbehavior could be discovered. Both boys were brought up alike and "therefore the environment could not be a factor". Moreover, Mr. Davenport has reminded us that twins of the same sex have the same constitutional make-up. Then how explain this difference in these two boys?

A careful discussion with the mother brought out the fact, hidden from her, that from birth one boy had been her favorite. It seemed justifiable to assume that the multiplicity of minute, unrecognizable influences and the children's reactions to them had produced in one case a normal boy and in the other what I choose to call a psychosatipath.

In the mental-hygiene clinic attached to the out-patient department of St. Elizabeths Hospital, where I have had the opportunity to examine some five hundred antisocial children, the impression is strong that the psychosatipathic child in the making need not have been so, and invariably, when the correct diagnosis has been made and the right treatment was possible, behavior has become normal.

That there have been many failures does not, to my mind, invalidate the hypothesis that the psychosatipath is made, not born.

It is easy to say that the normal individual is one who is able to adjust to any kind of environment, but is it as easy to tell how many normal people would be normal had they been obliged to contend with exactly the same sort of environment as that in which the psychosatipath grew up?

There is a good deal of significance to be attached to the unanimous opinion of juvenile-court judges, probation officers, and social workers that the parents are at fault rather than the child.

If, as I have suggested, it is possible to split off another group from that known as the psychopathic, as the psychoneurotic and the psychotic have been split off, and to characterize this group as the psychosatipathic, there arise interesting speculations as to the psychogenesis of this type of behavior. Limited time permits merely a statement of these questions.

How can an individual be satisfied with behavior that is nonacceptable to the herd? Is it because some emotion, normally present, is absent, neutralized, or atrophied from disuse?

If one's admiration for another is ever determined by that other's ability to settle his conflicts, then it would be proper to have a greater admiration for the psychosatipath than for either the psychoneurotic or the psychotic, for neither has done what the psychosatispath has. The one has settled nothing and the other has run away.

If by any chance this speculation should be correct, then how are we to understand the bitter reaction of society to the type under discussion? Is it possible that society sees in the psychosatipath certain types of reaction that it would like to follow, were it not for other more conventional types of reaction that have become firmly fixed habit patterns from which the individual cannot free himself? If this is so, can it be that society is jealous of the psychosatispath and therefore, feeling inferior, has brought into play the mechanism of projection?

The thesis presented by this discussion is that there is a group of mentally sick people who should have a classification of their own, and that this group is characterized by behavior satisfactory to themselves, but not satisfactory to the herd, and, further, that the etiology of their trouble is probably psychogenic rather than constitutional.

Differential Diagnosis

S. A. SILK, M.D.

The brief time allotted for the presentation of my subject precludes any very formal discussion; of necessity my remarks must be scattering.

Many of our patients show various maladjustments which express themselves in types of behavior the abnormality of which is not profound enough to be termed psychotic; or, when the more malignant types of reaction are present, they are of a very transient character, and it is realized that they constitute exaggerations of reaction types which are more or less normal to the particular individual.

In describing such states there is no unanimity among psychiatrists as to terminology; they may not differ so much as to the concept of psychopathy as they do in applying different terms to the various shadings of one state into another. In dealing with a particular patient, one psychiatrist will refer to his condition as psychic constitutional inferiority, another as constitutional psychopathic inferiority, another as psychopathic personality; another will class him as a constitutional psychopath, and still another as constitutionally inferior.

Our conception of the unity of the organism would, of course, preclude the drawing of a sharp division line between organic and psychic maladjustments. However, in viewing the evolutional development of the individual, we may observe certain stratifications or levels, and certain more or less distinct and different types of reaction at these various levels, and in the faulty adjustment of the individual some of the levels may be more predominantly involved. Among the large group of individuals classed as psychopathic, there are three types sufficiently distinct, in my opinion, to deserve a special terminology. I am not so much concerned as to the particular term to be used for the particular type, as the terms offered now are not entirely satisfactory even to myself, but I am concerned in the differentiation of types that to my mind are distinct and that require different methods of handling.

My first group consists of individuals whose maladjustment seems to be primarily due to deficiencies at the organic level. For this class of individuals exclusively I would reserve the term constitutional organic inferiority. In this group I would include all cases of idiocy, imbecility, and moronism; cases that show marked organ inferiorities, designated by the older writers as stigmata; conditions of infantilism; and cases of dysfunction of the endocrine glands. The individuals of this group show maladjustments very early and are unable to cope with the usual conditions of life; they are unequal to any competition with more normal types.

The second group I would call psychopathic personalities, and here I would include individuals who show inherent or acquired abnormalities that express themselves at the psychic social level. Such individuals show definite psychopathic family taints. There is no intellectual deficiency in this group and no gross or evident physical anomalies. The childhood history may not reveal anything strikingly abnormal, though there may have been convulsions in infancy and delirium with light fevers. Anomalies of character and disposition become marked with adolescence. These individuals are seclusive, suspicious, and over-sensitive, lack fixity of purpose, are drifters, are often conscious of a feeling of inferiority, and have difficulty in adjusting to any new situation. They are the failures, the ne'er-do-wells. They are emotionally unstable, often manifesting exaggerated emotional reactions. They are not, however, antisocial; rather they are submissive and non-aggressive types. They seem to make the most of their endowments, which are lacking in quality. Under guidance and sympathetic leadership they get along, but they are unequal to any serious competition and under special stress they develop transient psychotic episodes, regressive in type, analogous to dementia praecox. There are often hysteric, epileptic, neurasthenic, or psychasthenic components in their make-up and they frequently show mild compulsions. Under institutional treatment their distinctly psychotic manifestations clear up fairly rapidly, and as a rule they make good institutional adjustments. Their susceptibility and non-resistance to psychosis, however, remain unchanged.

The third group embraces individuals whom I would call constitutional psychopaths or social psychopaths, as their abnormalities of adjustment are mostly at the social level, being usually acquired.

Individuals of this type not only show no intellectual impairment, but are often quite brilliant and above the average. In school they have no difficulty in learning, but they often show a tendency to truancy and are difficult to manage both at home and in school. They are very alert, very aggressive, and markedly egotistic and narcissistic. Analysis of such cases almost always reveals a strong father antagonism, which results in defiance of authority generally. They are full of schemes, which in themselves may have great merit, but which are never executed owing to the individual's instability and lack of fixity of purpose. They show wealth of means and poverty of results. In this group we should include the pathological liar, *pseudologia phantastica.* These people frequently develop transitory psychotic states when under stress—as, for instance, when awaiting sentence for misdemeanors or serving prison terms. The psychosis in such cases is usually of the manic-depressive or paranoid type, rarely of the more serious regressions.

To illustrate these three types, I will cite very briefly three cases, one from each group.

Case I. Constitutional Organic Inferiority. F. M., aged thirty-two, was sent to St. Elizabeths by the army on June 4, 1922. He had enlisted in the service in December, 1920, and had learned to drill fairly well, but after three or four months' service one of the sergeants, accórding to the patient, had begun to pick on him and had made him do all the dirty work. The patient had begun to drink very heavily in August, 1921, and while intoxicated he had cut his left arm in several places. This had resulted in his being sent to an army hospital in California, and from there he was sent to this hospital.

At the California hospital he acted like a spoiled child, often complaining of improper treatment. He disagreed with a diagnosis of appendicitis, claiming that he had a stone in one of his kidneys. An attempt was made to examine him, but he was noisy and threatened one of the physicians. At other times he worked very diligently, and his behavior was normal.

His family history showed that his father was a heavy drinker, and that his mother had been divorced by his father because of illicit relations with another man. The patient's early childhood was uneventful. He attended school about three years. When ten years old he began to show outbursts of temper. Since the age of twelve he had been obstinate and cruel and inclined to be seclusive. He had practically never worked. He had served two sentences, of two and five years respectively, for horse stealing; had been a hobo for about two years; and finally had enlisted in the army. He entered the service under an assumed name.

Upon admission to this hospital, he was quite coöperative, was correctly oriented, denied any intention of committing suicide, and attributed all his difficulties to alcohol or bad companions. He presented no active psychotic symptoms. His general appearance, however, was that of an individual of low intelligence, and physically, although well built, he showed certain stigmata; his forehead was low, the palpebral fissure narrow, and there was a congenital ptosis of one lid. His mental age, according to the Stanford revision of the Binet-Simon test, was 8 years, 8 months.

After his admission here, he worked daily, and his behavior was normal. He developed symptoms of appendicitis, was sent to the medical department, and escaped the same night. Later on he was admitted to a state institution in Texas, escaped from there, and enlisted in the army again under an assumed name. This was discovered and he was court-martialed for fraudulent enlistment.

A medical board diagnosed his case as constitutional psychopathic state, inadequate personality, with criminal tendencies, and recommended his discharge for fraudulent enlistment. A higher military authority did not think that an individual suffering from a constitutional psychopathic state could be held responsible for fraudulent enlistment, and ordered another board of inquiry. The second board confirmed the findings of the first and agreed with the recommendation. The higher military authority again disagreed and referred the case to the surgeon general, who asked the superintendent of this hospital for an opinion.

While this patient's maladjustment was undoubtedly to some extent due to the poor rearing he received, he is constitutionally inferior, mostly on the organic side. He is intellectually deficient and he shows physical anomalies. He should be placed in the group of constitutional organic inferiors.

Case II. Psychopathic Personality. F. D.; twenty-six years of age; single. This patient was receiving vocational training under the Veterans' Bureau. He got along fairly well for a while, but two or three weeks before his admission here he became emotionally unstable, depressed, apprehensive of some impending harm to himself. The day of his admission here he stabbed himself in the region of the heart, but inflicted only a superficial laceration.

Upon admission here he was quite tearful and had frequent sobbing spells that lasted for several minutes. He was correctly oriented, and was able to talk coherently, but frequently drifted away from the subject to speak of various peculiar thoughts or ideas that would come to him. Before admission to the hospital, while in a swimming pool, he had suddenly felt some power come over him. He had stood out of the water and raised his arms, and the reflection in the water had looked like a crucifix. Here he sobbed and said that he would never have cut himself if he had not seen the picture of the crucifix. It was later brought out that a brother of his who is now a patient in a mental hospital, before he had been taken to the hospital, had jumped up from the table and said that he was going to see Jesus.

The patient remained in this unstable state for about two weeks. He then improved quietly, became interested in his surroundings, did excellent work in the ward, became quite cheerful, rationalized his previous behavior, and declared that he had more confidence in himself. His speech was relevant and coherent and his emotional tone became quite normal. He was soon given the liberty of the grounds. He became quite alert and very sociable, worked industriously, and has got along quite well.

Study of his case brought out the following facts: The patient's father has been blind for twenty years. The mother has been suffering from epilepsy also for twenty years. She is deteriorated and noisy at night. One brother is in an insane asylum. A maternal uncle suffered from a psychosis, but has recovered. The patient was always peculiar and was called "sissy" by his friends. He was ambitious and enthusiastic, but was always below his friends intellectually. He liked to use big words and gave the impression of being much more learned and efficient than he really was. At school he showed only average ability. After leaving school he did clerical work.

He enlisted in the army in 1917, and was discharged in 1919 with a diagnosis of dementia praecox. He was in hospital only one week, however. He was not overseas.

After discharge from the army he did some irregular work for a while and then took up vocational training until his admission to the hospital. He had a history of very active masturbation and some homosexual practices, with feelings of remorse. He was very weak heterosexually, which gave him the idea that he was going to lose his mind.

I would call this a case of psychopathic personality. The patient has a marked psychopathic congenital predisposition. He was born handicapped and is, therefore, unable to achieve more than he has. He has probably done his best, considering that he is biologically inferior, homosexual, with strong psychopathic traits—in contradistinction to the constitutional psychopath, who has average endowments, but whose maladjustments are mostly at the social level. He has had transient episodes of a praecox coloring, and while he has no active psychosis now, his psychopathic predisposition remains.

In a protected and simple environment and under direction—as, for instance, on a farm or with their own family—such individuals as this may get along fairly well, but when they are thrown into a complicated industrial environment or deprived of proper guidance, their adjustment breaks down and they often become the tools of unscrupulous individuals in the performance of various antisocial acts. In an institution they usually get along fairly well, and when properly trained from an early age they may become quite useful members of the community.

Case III. Constitutional Psychopath or Social Psychopath. H. C. was sent to the hospital through the Veterans' Bureau from Ohio because of threats against a young lady and her family. He was supposed to have followed the young lady from Washington, forcing his attentions upon her, and it was the opinion of the physician who ordered the patient here that he would carry out his threats if he escaped from the institution. When admitted here, he complied readily with the admission procedures, was courteous, conversed rationally, was very alert, and stated that his being sent here was a joke, though in one way it was serious. He claimed that he and the girl he was to marry soon have been trying for months to get hospital treatment for him, but that the Veterans' Bureau sent him from place to place, until finally the girl's family demanded immediate treatment and he was sent to St. Elizabeths. He knew the nature of the hospital, but was willing to come because he was sure the doctors would see that he was not crazy and would give him the proper treatment. He launched into an attack upon the Veterans' Bureau for its neglect of his case and waxed quite eloquent.

According to him, his trouble consisted of spells. His left ear would begin to itch and he then would feel pressure along the mastoid ridge which radiated to his head, causing him unbearable pain and frequently a temperature of 104 or 105. He admitted being irritable during these spells, but refused to admit that he had ever been crazy. He pointed to a small nodule, the size of a pinhead, under the skin behind his left ear as the cause of his trouble. He claimed to have noticed this shortly after being hit with a billy by a German soldier while fighting in the trenches on the Marne. He had also received a wound in his left knee, the bullet grazing the flesh, and it had left his knee stiff. He was discharged from the army in 1919 with 25 per cent disability on account of this stiffness of the knee. He then worked as an auditor for a shipping firm, in the adjutant general's office as clerk, and finally he was sent to school to study law by the Veterans' Bureau. His pains, however, forced him to give up his studies.

He claimed to have consulted various specialists, some of whom stated that if the lump were cut out, he would be well; others said that it was mastoid trouble, while others did not know what was wrong. Here he stated that he was not sure that the lump caused him the trouble, that his spells might be due to war experiences, but all he wished was that the Veterans' Bureau would decide what was wrong with him and give him proper treatment. He denied having made threats and denied suffering from any form of delusions and hallucinations.

Later on he stated that a woman physician who was treating him had told him a hard-luck story about one of her patients who had been wronged by another man, and had worked on his sympathies so that he had married the girl in order to save her from disgrace, his idea being to divorce her later on. He claimed never to have lived with his wife. Later on he found out that she was colored, and wished to have the marriage annulled, as the Maryland law does not recognize a marriage between white and black. All he would have to do would be to prove her color. This case had been worrying him and may have contributed to his nervousness.

A careful physical examination failed to reveal any pathology, and the nodule could not in any way have produced the symptoms described. It was quite evident that the patient was not truthful, that he wanted the Veterans' Bureau to get him out of certain difficulties and pay him compensation. Considerable time was spent by the hospital in investigating his many contradictory statements, which he was always able to rationalize in a very clever way, since he was naturally bright and had studied law in addition.

It also appeared that he had met a girl, Miss S., after his marriage; that he had concealed his marriage from her and had represented to her that he was a lawyer, that his family was wealthy, and that he personally had considerable real-estate holdings. He had sent her flowers and expensive presents for which she had to pay later on. Only after she had become attached to him had she found out that he was already married and that his wealth and influential connections were imaginary. She had then decided to leave Washington and go to her home in Ohio, but he had followed her there. It was because he had told her of the spells caused by the swelling under his ear that she had tried to get him admitted to a hospital.

A reputable local attorney, Mr. X., gave us the following information: The patient became known to him in the spring of 1922, when the California Fruit Company, a client of his, referred the case to him. H. C. had succeeded in cashing bogus checks in the name of the company. H. C. was at the time in jail. Upon learning that the patient was an ex-service man and because of his pleadings, Mr. X. concluded that H. C. was a victim of the war and had got himself involved through acting impulsively. Through Mr. X.'s influence with the district attorney, the case was noll-prossed. Mr. X. believed that friendly confidence would help H. C. and therefore took him into his own law office, gave him a desk, and helped him in his spare time. He enrolled in a law class, purchased books, and so forth. He was with Mr. X. for about one week, during which time he was not employed by Mr. X. or in any way connected with the firm—though he had cards printed in which he claimed to be associated with Judge X. and to handle ex-service men's claims.

He did not, however, do any studying, and Mr. X. told him to get out.

It was later learned that he married in 1921, that he met his wife on a trolley car, followed her home, and pressed his attentions. The wife was then about fifteen years of age. After that he lived with his wife's mother, who ran a boarding house. He never contributed to the support of his wife and his mother-in-law finally turned him out of the house.

Later on he became acquainted with Miss S. He negotiated the purchase of a high-powered car and gave a fraudulent check for $1,000 as first payment. The car was recovered.

While in Mr. X.'s office he eavesdropped upon a conversation with a client. Afterwards he intercepted this man, told him that he was charged too high a fee, and offered his own services, which were accepted. For this he received a considerable fee. He collected payments from a colored man who purchased a piano from Marshall Field in Chicago. He had no authority for this, being unknown to the company.

An affidavit certifying that the patient had completed two years in a law school proved to be a copy of a copy. He carried off a large quantity of Mr. X.'s letterheads on which he would write to Mr. X.'s clients, making false representations. His outstanding characteristic was great audacity. He would do the most shortsighted things in a brazen and defiant way. It was Mr. X.'s opinion that he never showed any psychotic symptoms. There were many charges against him in the penitentiary.

In giving his history, the patient did not mention any of his experiences with Mr. X. or the fact that he had ever falsified checks. When questioned specifically, he stated that Mr. X. was a crook, and that as soon as he found that out, he left him; that his difficulty with checks was due to his wife, who drew the money out of the bank without his knowledge. He never had to think long for an answer.

Although when admitted to the hospital he insisted upon an operation, when he was ordered to the medical department and the surgeon was about to remove the lump, he suddenly changed his mind, saying that there was no use in removing it as some doctor had told him that it was not the cause of his nervousness.

From his brother the information was obtained that he did well at school and had had no trouble before he entered the service. The brother, however, mentioned a second enlistment in the army in 1920, during which he got married and secured his discharge on the plea of having to support his wife. The brother stated that he had always had a mania for money and liked to give the impression that he and his family were wealthy.

From the adjutant it was learned that H. C. enlisted in the army in 1916; that he sustained a gunshot wound of the left knee in July, 1918; that he was furloughed in the regular army reserve in May, 1919, and was honorably discharged in June, 1920, when that reserve was abolished; that the records did not show that he had ever been hit on the head or received treatment for such an injury, although he stated that he had received first aid.

He failed to establish his claim and was discharged from the hospital with a diagnosis of constitutional psychopath. Following his discharge, he got into touch with relatives of various patients, made false representations, claiming that the hospital kept non-insane patients locked up, and was evidently so plausible as to get some Congressman to make an inquiry on the floor of the House concerning the hospital. Several months later he pleaded guilty in the federal district court in Boston to a charge of raising a U. S. Treasury check for $3.77 to $53.77. He was sentenced to a year and a day in Plymouth Jail.

This patient showed no intellectual impairment; he was above the average mentally; he was bright and a very smooth talker. Physically, he was a very good specimen and showed no anomalies. He was extremely egotistic, narcissistic, and exhibitional, and his maladjustment was principally at the social level.

I would place such a case in the third group of constitutional psychopaths or social psychopaths.

The Psychopathic Judgment

MILDRED M. SCHEETZ, M.D.

The psychopathic character presents a problem that of late has been given much thought by teachers and psychiatrists, who seek in the study of this group the explanation of the abnormal behavior that confronts them on every hand—why certain classes of youth are lazy, lying, disobedient, and truant at school, and later tend to gravitate into the class of vagabonds, vagrants, hobos, and petty criminals.

Individuals of this type are problems because to the casual observer they appear to be ordinary individuals endowed with ordinary intelligence and equal to the demands of everyday life. They learn well at school, absorbing book knowledge readily and so making good grades; they are bright and alert; they keep up with current events, are good at games, and are often experts at cards. Quite frequently they are mentioned as being clever, quick-witted, brilliant. Indeed they often make a far better impression upon the uncritical than does the more plodding, conservative, and reserved normal-minded individual.

Close scrutiny, however, shows them to be superficial, shallow, impractical, incapable of clear and precise concepts, unable to grasp the finer meanings of moral issues, and so forth. They are usually weak in will power and poor in planning; they show little forethought, little self-control, and are very childlike in their judgments. It is in the latter field, especially, that their greatest failure lies. Their lack of reflective reasoning and of a nice discrimination in values is almost as great as among the so-called ''feebleminded''. However, there is this difference, that the defect of the feebleminded lies almost purely in the field of intellect, with an organic basis, while that of the psychopath involves the field of the emotions, which are improperly controlled by the intellect. A condition of imbalance, or asymmetry, appears, manifesting itself particularly in the realm of self-control and judgment, in any situation where there is a conflict between the desires of the individual and some distasteful task or duty. Individuals of the psychopathic type usually either utterly refuse to meet the situation, taking refuse in flight, or solve the problem in the way that will mean least effort for themselves. And their lack of judgment in doing this is most surprising. They seem to lose all sense of reasoning, and are carried away by gusts of emotion—by fear, anger, envy, spite, and at times exaggerated affection—to such an extent that one marvels at their lack of what is known as common sense. Rather than face a reprimand for neglecting to study a spelling lesson, they will lose a whole day's credit at school on the excuse of a headache. Rather than take guardhouse for a day's A. W. O. L., they will wander away for months, sometimes returning in the end to receive a more severe punishment stoically. Some wander about as hobos, working harder at their begging than they would if earning an honest wage. Some lie when the truth would sound better; some steal when there is no need; some forge checks when it is perfectly obvious that they will be detected. Others set fire to schools and business houses for spite, never thinking of the innocent whom they will make suffer, or commit murder for trivial sums or to cover up trivial acts. Cases like these are numberless. Not long ago a young war veteran held up a street-car conductor for two dollars. When recognized, he shot the conductor, in this way hoping to conceal his identity. He gave as an excuse for the stealing that he had two small children who were hungry—an excuse that would easily have got him a light sentence for the theft, if it had not cleared him entirely, but what an excuse for a cold-blooded murder!

In all these cases, whether the act was the result of just a few moments' deliberation or extended over a long period of time, the observer is struck by the illogical reasoning and poor judgment shown. These people seemed to be ruled almost entirely by immediate wants or desires, or their idle fancy for an object that they like or dislike, want, love, or hate for the time being colors their judgment. They reason like animals or small children. They are self-centered, self-loving, obeying instinctively the law of self-preservation, which takes no thought for the welfare or well-being of others, and acting as if the immediate present were the only thing to be taken into account. Their conscious activity seems ruled almost entirely by the "feeling" aspect, instead of by thought and reflection. While they appear intelligent, they have a peculiar twist in their mental make-up that amounts to a defect in their power of discriminating between values. They may have a knowledge of values, to a certain degree, but they fail to analyze them in terms of usefulness and ethics. Their judgment is immature and faulty and very naïve, a sort of "organic judgment", consisting of primitive relations and stamped-in affects of previous experiences that have become integrated and make up a "set" that operates almost reflexly when called into action by certain circumstances. This form of reaction is only rudimentary judgment; it does not deliberate or reflect; it concerns itself with immediate values only; it takes no cognizance of the future; it is not elevated to the level at which rational judgment begins. Mature judgment arises out of *reflection* upon sensory experiences. Primitive relations are split up, certain elements are cut off and fixed in the mind, and by application of such intellectual standards as "comparison", "differentiation", and "organization", selected elements from the original matter are so worked over and reconstructed that they can be taken up into the intellectual self-consciousness in the form of concepts which can be referred to reality. This is critical reflective judgment, which evaluates the various mental images obtained through experience and associates with them certain values connected with objects or acts, not only in relation to the present, but more particularly in relation to the future. Such judgment is the basis of all scientific, systematic methods of reasoning. It is the foundation of any system of ethics. And it is just here that the psychopath fails. He may not be intentionally selfish or criminal, but like the true defective, he cannot discriminate between the thing that is worth while and the thing that is attractive, but worthless. He sees no farther than the day or the minute; he is mentally myopic. As to moral sense, he has none; he simply has not risen to the plane of right understanding, of true judgment. His "yes-no" consciousness is uncertain; where he thinks he is right, he is only too often wrong. As he is incapable of reasoning in the abstract and on the higher plane, he is a prey to the sense impulse and is thus ruled rather by chance than by intellect and thought.

By the Binet scale individuals of this type may be classed as intelligent, it is true, and may be considered so as far as their powers of perception, retention, and so forth are concerned. But owing to their incapacity for critical, reflective, abstract reasoning, they are dominated by the ‘‘me-my’’ instinct of childhood. They are selfish, self-centered, and emotionally uncontrolled, and they tend to become eccentric, unreliable, unethical, and dangerous.

The Psychopath and the Psychoneurotic in Childhood

WINIFRED RICHMOND, PH.D.

If the constitutional psychopath and the psychoneurotic are the possessors of different types of personality—if the terms denote two different psychological attitudes—then their differences ought to be discernible in childhood. I believe that they are. The two groups overlap largely, and one case may have some features of both conditions, but the underlying mechanisms are so different that in many cases it is not difficult to determine with which of the two conditions we are dealing in a particular case. I wish to present a brief description of what seem to me the essential features of each, together with illustrative cases, which I have known personally and been able to follow from infancy up through childhood and adolescence into full maturity.

The neurotic child is an abnormally sensitive child. In early infancy this sensitiveness is apparent. Bright lights, sudden sounds, loud noises disturb him unduly. Heat and cold and the discomfort of clothing worry him. He is a poor sleeper, hard to train into regular habits, and often waking with screams or fretful crying. He requires a great deal more attention to keep him well and comfortable than the normal baby does. The least variation in his habits is apt to upset him, and he shows a predilection to diseases. He ‘‘catches everything that comes along’’. Weaning is a time of great stress for him and teething is apt to be difficult. His over-sensitiveness makes it hard for him to play with other children; he is always getting his feelings hurt; so he often has imaginary playmates whom he can lead and dominate. He plays with younger children or seeks refuge with his parents; he becomes a daydreamer or a great reader. His emotional life is precocious and overdeveloped. Love and hate, joy and grief, fear and anger reactions are easily roused in him, and are often abnormally strong. He learns easily and is apt to excel in intellectual activities. His hypersensitiveness extends over the whole field of personality, and frights, shocks, accidents, and illnesses, untoward happenings, are constantly his lot. The whole family is often taught to spare him because he is so delicately organized. In other cases, the misunderstanding, ridicule, or even abuse of his family drive him within himself, and he becomes seclusive and shut-in. Thus, whether he develops the introverted or the extroverted type of personality may depend (I do not know that it does) upon his infantile experiences and his reaction to the family situation. But back of it all we have a personality too plastic and too unstable, too delicately balanced.

Psychologically, the neurotic development is fairly even. The neurotic's intellectual endowment is apt to be good and his abilities in general capable of functioning upon the same plane. It frequently happens that his real ability is masked by an emotional conflict, but in a child, at least, this condition is rather easily discovered. Many a child whose teachers and parents consider him dull or even feeble-minded is found by the skilled psychologist to be of normal intellectual endowments, but with marked disturbances of function.

Mary C. was a child of good family, but was a delicate and nervous baby. She had a functional heart condition and was very easily fatigued, but was not fretful in the ordinary sense of the term. She grew into a quiet child of sweet disposition, but her nervous balance was so delicate that her mother devoted most of her time to her adjustment. Toward her brother, four years younger, she always maintained a maternal attitude; at home, she was the "little lady" type. She was tried in school, but was so fatigued after a few weeks that she was removed. She had lost weight, was worried and anxious over her work, and was afraid of the teacher, who, though suave to her as the child of influential parents, appeared to the little girl in her true light, as a harsh and domineering woman.

When Mary was nine, she came under my care for the summer, and for five succeeding summers she was a member of a small group on a farm near her home town. Here there were no restrictions upon her activities and invariably she played as long and as hard as any one, putting on flesh and showing no sign of undue nervousness. She prepared for college under her father and mother, graduated, and taught two years, then married at twenty-three. During adolescence she had continued to be delicate and had been carefully guarded by an unusually intelligent mother. She was attacked by paralysis of the face, but was treated by the Weir Mitchell method and recovered temporarily, in which state she is at present.

The psychopathic child, or the child to whom I apply the term constitutional psychopath, far from showing a delicate nervous balance, is apt to be physically as hard as nails. His outstanding defect of character is discernible in early babyhood—namely, his inability to respond to training. He is unteachable—not that he does not learn, but he learns, apparently, only what he chooses. The attempt to train a psychopathic infant into habits of cleanliness is an unforgettable experience. It is as if he set his puny will against yours and defied you to disturb him in his own methods of adjustment. I have seen a year-old child wear out a whole family in the effort to wean him and teach him cleanly habits.

As he grows older, this inability to profit by experience shows more and more plainly. The old axiom, "A burnt child dreads the fire", does not apply to him. He may be burned a dozen times and, like the drunkard in *Proverbs,* he will seek the experience yet again. Added to this inability to learn from experience is a superficiality of emotional life that strikes even the layman as peculiar. In his love relations, he is the supernal egoist; he gives nothing and demands all. The loss of love objects affects him but little, except as it detracts from his comfort or convenience. He seems to be living in a looking-glass world, whose values and ideals are topsy-turvy as compared with ours, and one who attempts to teach such a child comes to despair of ever understanding or being understood. Verbally, he may learn, and just as one is coming to feel that at last a bad habit is broken or a good one finally established—bang! it is all off, and the little culprit can see no reason for your disappointment.

Psychologically, he is the possessor of very irregular abilities. He may excel to the point of genius in some traits and be almost feeble-minded in others. He is the "biggest fool for a smart child"—as one teacher remarked of a psychopathic pupil in his class—that can be imagined. He may be the brightest pupil in his class and yet show a lack of judgment that makes his mates regard him as a plain fool.

Mabel D. was the eldest child of hard-working parents, farmers, the mother being from a neurotic family in which drunkenness and eccentricities of various kinds were frequent. The father came from a very good family, but was a coarse, loud-voiced, blustering man. Mabel was a fine-looking, healthy baby, always stirring, and walking and talking early. She was abnormally stubborn from early infancy. She would scream until exhausted, apparently from pure rage, as no reason could be found for it, and she always screamed until she chose to stop. She fought stubbornly against weaning, and was nursed until she was over two years old. From the time she could walk, she ordered her life for herself, and as she lived in the country, she could do pretty much as she pleased, without fear of harm. But she had no feeling for nature and formed no attachments for the farm animals. She watched with absorbed interest the slaughter of pigs and cows in the annual butchering. She was cruel to puppies and kittens, not thoughtlessly, as children usually are, but with a curious detached attitude, as if they were toys that she could break with impunity.

She had a sister three years her junior, and a brother arrived when she was six, but toward neither did she show any real interest or affection. Her little girl playmates never understood her. They were never sure of her; she was always leading them into traps and leaving them to get out as best they could. She delighted in rough games, and in playing cruel tricks. She was an expert liar and, if caught, would forge another lie and another, until backed into a corner, when she would merely laugh, and all efforts to get her to acknowledge her fault were futile. In school she excelled in memory work and had a verbal understanding of most of the school subjects, but her actual grasp of them was shallow indeed. Given a question or problem a little out of the ordinary, so that she could recall no rule to guide her, and her solution would be what her teacher called "feebleminded". Yet she stood high in her classes, and finished the eighth grade at fifteen. She was never a sex problem, at least not to any one's knowledge, and showed very little interest in boys. It was a general surprise when she began receiving attention from a neighbor boy a year or so younger than herself. She married at twenty, and within a year had alienated all her husband's people and intimidated her husband himself to such an extent that he became merely Mabel B.'s husband and bids fair to remain so.

This girl has developed no antisocial tendencies that might bring her into conflict with the law, though parents of a different social level would probably have sought advice in regard to her peculiarities. As it was, her father diagnosed her as a "stubborn little devil" and let it go at that.

In her inability to respond to training and her emotional rigidity, she was the true psychopath. There was never any coming to grips with her—always the baffling feeling that here was a personality whose world was of her own making and contained a different reality from ours.

The psychopathic child and the neurotic child present totally different problems of training. We understand the neurotic fairly well and can usually bring about his successful adjustment. The psychopath does not adjust in any environment except one that he can dominate.

THE PSYCHOPATHIC WOMAN

LUCILE DOOLEY, M.D.

When the psychiatrist makes the diagnosis "psychopathic personality", he feels very much as the general practitioner feels when, after many examinations, he says "neurasthenia". It means that the patient fits into none of the better known categories of mental diseases and that the usual methods of treatment are of little avail; it means, in short, that the psychiatrist throws up his hands.

The psychopathic woman exhausts in turn family, teachers, employers, physicians, and social workers, and still does not fit in anywhere. She may adapt for a time under exceptional circumstances, but as soon as a serious reverse comes, there is an upheaval. Her psychosis may simulate cyclothymia, dementia praecox, hysteria, or one of the paranoid groups of manifestations, but is distinguished by a certain superficiality of symptoms and by the absence of some of the cardinal traits of the selected reaction type. The psychopath, moreover, can "recover" with remarkable rapidity and transiency—if some coveted object is to be gained thereby. This does not mean that the patient is malingering, but rather that in a shallow personality the disturbance cannot be very deep.

After considering every functional diagnosis in turn, the unpracticed psychiatrist finally comes to that of psychopathic personality and gives up hope of any effectual or lasting therapy. New and serviceable methods of dealing with neurasthenia, possession neurosis, and hysteria have been discovered, but the psychopathic personality is still an unsolved problem.

The explanation for this unfavorable prognosis may well be the explanation that applies to epilepsy and, as some recent writers believe, to dementia praecox—namely, that the difficulties encountered by the personality are due to a congenital defect not surmountable by any of the ordinary methods of training or treatment. It is not an intelligence defect, just as the defect of the epileptic is not one of intelligence—as ordinarily measured. We cover our ignorance by calling it a character defect, whatever that may mean. The fault lies on higher, more complex integrative levels than those to which we have been able to apply our measuring instruments. When the usual intelligence tests are applied, however, marked unevenness and singular gaps are found, though the general level is not below that of the average adult.

The psychopathic woman, with her superficial quickness and imitative power, is frequently credited with a higher intelligence than she possesses, and this false estimate complicates her problem and delays the correct diagnosis. One is slower to rcognize defect in the woman who is sheltered and protected, of whom society makes less rigid requirements in the way of work and efficiency than it does of men. As a child she is intractable, but may be sweet and docile if she finds that this serves her purpose. She may learn readily at school, but finds the lessons of conduct, those that make for comfortable social relations, much harder to learn. These, indeed, she *never* learns. Her defect is variously described, according to the point of view, as "willfulness and selfishness", "lack of ethical sense", "lack of the herd instinct", and "inability to make social adaptations".

She makes few friends among other children and is likely to choose those younger than herself whom she can dominate. Because of her outbursts of temper, when her will is crossed in the slightest degree, and her utter irreconcilability to any pain, grief, or personal loss, she is a constant source of trouble in the home, absorbing more of the parents' time and attention than three or four normal children. The whole family stands in awe of her powers of creating frightful scenes and makes any sacrifices rather than offend her.

At school she may be overawed by numbers into acquiescence or she may be the same rebel against discipline that she is at home, creating a center of disorder. If she forms close friendships, her sensitive egoism and jealousy make relations with her a constant turmoil and torment, and she alienates many of her friends. As she cannot place herself successfully in relation to society because of her intense egoism, neither can she, as a rule, get a serviceable conception of other values and relationships. She cannot work and wait for a deferred pleasure, the ability to do which is a mark of the steady upward progress of the personality, according to Dr. William A. White.[1] She is, therefore, likely to be extravagant in her use of money and a drifter in occupations. She cannot acquire stable habits or fixed principles, since the gratification of the desire of the moment is her one goal. In this one thing she seems never to advance beyond infancy. All issues are with her personal issues and must end in her personal satisfaction.

Her sex instincts and in the main her sex life may be quite normal. She is frequently a "man's woman", finding full satisfaction in heterosexual desires and avoiding and disliking women, partly because of her innate inability to balance and partly because women do not sufficiently minister to her all-devouring egoism. They are more likely to understand her than men are, if she be physically attractive. While she may be quite normally adjusted in purely sexual matters, she is an unsuccessful wife and mother—functions that call for social and moral qualities which she does not possess. Endowed with beauty and charm as she often is, and able, like a beautiful and spoiled child, to twist men around her finger, she has her devoted slaves and her misguided champions in all her difficulties. Every day the newspapers show how she literally "gets away with murder" because of these potent charms and man's susceptibility. She is in an entirely different class from the psychoneurotic, the shut-in personality, and the epileptic, who cannot make full heterosexual adjustments. She, too, may be homosexual, however, in practice, if physical unattractiveness renders social relations with men more difficult than her sensitive egoism can allow her to contemplate. If she is disappointed or frustrated, her reaction is exaggerated in this instinctive field as in any other. She cannot pick herself up and go on as other women do after a dizzying blow. She goes into a psychosis, or she commits suicide or homicide—the motive in either case being revenge—but she does not hide her hurt, accept the inevitable, and go forward. When she is hurt, the world knows about it.

---

[1] *Mechanisms of Character Formation.* New York: The Macmillan Company, 1916.

Attempts at psychoanalysis of the psychopathic woman have met with little success. She is seldom sincere in her wish for the reëducation and transformation inevitable in a thorough analysis, and she is so frequently a liar that the work of sifting out the truth is a slow and often hopeless undertaking. Her overweening desire for sympathy and petting leads her far in confession, but again interferes with her truthfulness. She makes but a weak and fluctuating transference and constantly seeks to use the analysis and the analyst himself to further her quite unregenerate purposes. The analysis becomes a disguised sort of flirtation, as she constantly brings up new ''resistances'' to tempt the analyst on by challenging his skill and curiosity. She advances in confession and retreats into obstinate silence in the manner of a coquette advancing and retreating through all the grades of accessibility. After spending much time and labor, sometimes with high hope of ''restoring'' the patient to normal life and sometimes with discouragement, the analyst finds her mentally and emotionally just as she was when she started, her armory enriched by a number of psychoanalytic terms which she can quote glibly to the confusion of himself and his successors—for inevitably he will have successors. She is incapable of readjustment by any methods yet used, according to the best of this writer's knowledge and belief.

Her superficiality and insincerity have rendered true analysis impossible; hence we are still not very confident as to the sources of her personality make-up and the mechanisms by which her character has been formed. We try to generalize by saying that she is less able to subordinate herself to the social group than the average person, that she is an egoist, that she is lacking in the herd instinct, in moral sense, and so forth, but how this lack came about we hardly know. Her early history does not furnish us with any constant environmental factor. What we do know is that she is a serious and an unsolved problem. She is a prolific source of domestic misery; she recruits the ranks of the delinquent, the prostitute, and the criminal. Rarely, she is a genius of sorts. May we hope that patient and disinterested study and effort will do as much toward the solution of this problem as Freud has done for the hysteric and Clark for the epileptic?

THE PSYCHOPATHIC CRIMINAL

BEN KARPMAN, M.D.

If the term psychopathy brings to one's mind the picture of an individual whose emotional make-up and mental organization are so asymmetrical as to make his behavior quite different and distinct from other types of human behavior, and whose major difficulties appear to be reflected largely in his failure to make an adequate social adjustment, then it is to be reasonably expected that his conduct should sometimes assume a marked antisocial and criminalistic character. Such, indeed, is the case, and the psychopathic group furnishes a fairly large proportion of our criminal population. On the other hand, it must be remembered that the psychopathic criminal is to be separated from the rest of the criminal population in whom criminality expresses a reaction of quite a different sort. It is with the delimitation of the psychopathic criminal and the features that distinguish him from other types of criminals—both as regards the cause and the nature of the crime committed, as well as the mental reaction shown toward the prison environment—that we are here mainly concerned.

The problem is best studied on the wards of a hospital for the criminal insane. A cross section of the population of such a hospital reveals the presence of several broad, yet quite distinct criminal groups.

I. *The Psychotic Criminal.* This group consists of cases of the true (endogenous) psychoses in prisoners. The individual who is suffering from a psychosis, and who by reason of this condition comes into conflict with the law before he is admitted to a mental hospital, is not an unfamiliar figure among us. We meet him frequently in the paranoid, who arms himself with a pistol as a protection against his imaginary enemies, although this example is only one of a great variety encountered in this group. Taking it all in all, we find here criminality and antisocial behavior with a criminal coloring developing in individuals essentially psychotic who, as a result of instinctive, but abnormal cravings, come into conflict with established social forms, as in the instance of affective disturbances, paranoid trends, regressive tendencies, and deterioration leading to lower and vicarious forms of adjustment.

These individuals are not essentially different from the usual run of psychiatric-hospital populations and find their way into prison only because their psychotic behavior shows such decidedly antisocial and criminalistic tendencies. In this group we find also prisoners not originally psychotic, who while in prison develop somato-psychic disturbances or organic brain diseases, such as general paresis. We find, too, various types of misfits who come into conflict with the law in their pre-psychotic stage and whose psychoses fully develop following confinement and therefore are not to be confused with situational reactions. In this group, then, the psychosis is directly and definitely related to the crime, standing in the relation of cause to effect.

The crimes and offenses in this group are usually of a very serious nature, assault and murder being particularly frequent and the crime itself often being quite premeditated. These cases are remarkably free from the effects of prison life. They seldom develop pronounced paranoid eleborations as regards their immediate environment, or other psychotic manifestations usually regarded as particularly characteristic of and incidental to the prison milieu. They seldom deny the commission of their crimes, but on the contrary try to justify them in the usual psychotic manner. In such cases the psychosis progresses in its usual manner, as in any psychiatric institution.

The reason for the particular type of reaction of this group is not hard to find—it is, in fact, what one might have anticipated under the circumstances. To take a praecox criminal as an example, the crime to him was a psychological necessity, the result of a long series of maladjustments, with regression, introversion of attention, deterioration of interests, and a gradual loss of touch with his environment. Social activities and life in general hold but little interest and attraction for him. Within the four walls of the prison, away from his persecutors and without the painful necessity of making a social adjustment that requires greater expenditures of energy than he feels himself capable of, the psychotic often breathes more freely in confinement than at liberty. That which is a great driving force for the normal man—love of life in its endless beauty and diversity—has but little significance for the psychotic. After a failure in life at the heterosexual level, he can, while in prison, indulge in idle and endless phantasies no less than when at liberty; and as for auto-erotic or homosexual practices, the prison offers him as frequent opportunities for these as he ever enjoyed when free. It is not surprising, therefore, that as a rule the psychotic shows but little reaction to confinement, and his behavior in prison is in no essential way different from his behavior when at liberty. When he does react to confinement, such reaction is seldom accompanied by anything like the affective display or emotional tension that are observed in other prison reactions.

II. *The Psychoneurotic Criminal.* A study of the life history of psychoneurotics who have come into conflict with law, be they guilty of indecent exposure, obscene letter writing, or murder, discloses in their psycho-sexual life some significant defects which appear to be directly responsible for the commission of the offense. As regards the underlying psycho-sexual difficulties, the psychoneurotic has much in common with the psychotic. His social adaptation is much better than that of the psychotic, however, and he lacks the marked regressive features that are so characteristic of the psychotic.

The criminal behavior of the psychoneurotic represents a vicarious and ill-sustained effort to effect some form of sexual adjustment at an acceptable social level and thus still maintain his touch with reality, in spite of fundamental burdens and tendencies to regression; his antisocial behavior, rather an offense than a crime, is the outward expression of repressed conflicts that have broken through in the form of irresistible impulses, thus betraying a total failure to effect any sexual adjustment. As a group, psychoneurotics are quite clear from psychopathic difficulties. The offense itself is quite frequently of a sexual nature, directly or indirectly. When it is not outwardly so, it will usually be found to be secondary and incidental to the major difficulty, which is sexual. Being psychogenically conditioned and motivated, the criminal and antisocial behavior of these individuals expresses in a particular manner a specific underlying difficulty; hence the individual in this group—more so perhaps than in any other group—is almost invariably guilty of one type of offense only.

The psycho-sexual difficulties of the individuals in this group can often be traced to regressive fixations and are expressed in the form of gross, excessive sexuality or other homosexual adaptations, express or latent, which lead to the commission of the crime, thus showing that neuroses, psychoses, and criminality possess a common origin and background. As a group, these individuals belong more frequently to the epileptic and hysterical types, a history of episodic reactions and the neuropsychic concomitants characteristic of these types often being found among them, even before confinement.

Heavily burdened as they are and possessing the very soil upon which psychoses develop, these individuals not infrequently break down in the prison environment and furnish not an inconsiderable number of the situational reactions. However, on recovery, which is usually quite prompt, their fundamental difficulties appear to be wholly unaltered.

III. *The Defective Criminal.* Although, as in other groups, combinations occur frequently and the defective may in addition be also psychopathic, psychotic, or even psychoneurotic, he need not necessarily be so. As a group, the defective must be marked off as being quite distinct and separate from other groups. We find in this group individuals of the more primitive types of intelligence who learn little and remember less, their poor judgment and lack of imagination preventing them from projecting themselves into future situations, from foreseeing or weighing the possible consequences of a deed, for themselves or others, or from exercising self-control. In a large measure the defective lacks the herd instinct; his sexual life is frequently undeveloped, especially in its social aspects; and in his reactions he is most often guided by the more primitive and more immediate needs of the organism, which makes him the more dangerous. He shows arrested development at every level of life, which explains his frequent conflicts with society.

The crimes committed by this group are not as specific or limited in nature as those committed by members of the other groups. The mental reaction to confinement resembles in general that of a psychopathic individual, although there is in the instance of the defective less display of affect; the reaction is more archaic in type, not infrequently leading to deeper regression. It is from this group that a great many of our so-called degenerative prison psychoses are recruited.

IV. *The Psychopathic Criminal.* In the psychopaths we have unstable individuals with marked volitional and temperamental, but not obviously intellectual defects, who are the criminals *par excellence,* their criminality resulting from psychopathic difficulties and maladjustments which eventually bring them into conflict with the law. They are most frequently the recidivists and habitual criminals, although the accidental and occasional criminal is also quite frequently found in this group. The type of crime committed is usually against property, sexual crimes and homicides being relatively rare.

As regards the underlying psycho-biological difficulties of the psychopath, we are confronted here by a problem as difficult as it is puzzling. Whereas in the instance of the groups already spoken of we find arrested development, fixations, and distortions in the sexual mechanism, this does not appear to be the case with the psychopath. Here, outwardly at least, the primary difficulty seems to be in the social sphere; the sexual life appears normal, no striking pathologic features being observable. This is the most difficult class of cases to study psychopathologically, as the great majority of them are inveterate liars and quite uncoöperative, and it is far from easy to learn from them, not only analytically, but even descriptively, where their primary difficulties lie. But every now and then we get a glimpse of one significant fact or another, and sufficient evidence is accumulating to lead one to suspect that all is not as well with the sexual life of the psychopath as would at first appear. All too frequently we find in them a history of excessive venery that is quite pathological in nature, of precocious sexual development and early eroticism upon which much of the later antisocial behavior seems to be conditioned.

The reaction of the psychopath to confinement is most interesting and is the more striking because it differs so greatly from the usual run of psychotic manifestations. Even in his ordinary life reactions the psychopath, so characteristically unteachable and unmanageable, stands restriction but ill and brooks no opposition to his pleasure-loving, ever-hungry, and all-consuming ego. It is not surprising, therefore, that confinement in prison represents to him a most acute crisis and in the effort to adjust to this entirely new situation and environment, he frequently displays in an acute form a multitude of reactive manifestations, such as malingering, temper tantrums, hysterical behavior, acute panics, and confusional, delirious, stuporous, and many other states. These reactions are mostly of a situational nature and as such clearly betray the intimate relationship that exists between psychosis and confinement. Situationally conditioned, they are characterized by their essential superficiality and the benignancy of their symptomatology, by the content being so highly colored and filled with events of a situational moment, and by the heightened display of affect so often seen. In a sense these reactions impress one as being merely exaggerated forms of reactions that any normal man might be expected to exhibit when the environmental load has become too heavy and too hard to bear. The recovery from such reactions is, as a rule, quite rapid and quite complete—especially if the confinement be terminated—and leaves no noticeable residuals or scars. But in less stable individuals, although the situation may have been a mild one, the psychosis, or its residuals, may persist even after the particular situation has been changed. On the other hand, even with a more stable personality, if the situation is one of great gravity, or has persisted for a long time, or is of such a nature that it cannot be immediately or permanently changed, making a normal adjustment impossible, the psychosis may become especially fulminating and malignant, and by reason of the acuteness of the conflict, the overwhelming emotional upheaval, and the tremendous strain it constantly exerts on the individual, may lead to regression and dementia, so that in its last stages its origin can hardly be recognized.

To sum up, then, we have in the psychopathic criminal a type of criminal quite different from all others—different in his original personality make-up, different in the reason for his criminal behavior, and different in his mental reaction toward crime and confinement. He is a most serious social problem, numerically and every other way, his misdirected, but often good intelligence, his shrewdness, and his cunning making it very difficult for the various social agencies to deal effectively with the difficulties he constantly creates. Both in and out of prison he is a source of perpetual trouble to us.

Our efforts to deal with this group have so far been fruitless because we have dealt with them only collectively; we have hardly begun the study of the psychopath as an individual, especially of his psychic life, of his drives and strivings. Not until society endeavors earnestly to understand the more intimate aspects of the life of the psychopath can it hope to solve this problem. In its larger aspects this is essentially a problem for mental hygiene. Let us hope that the agencies heretofore employed in dealing with the consequences of psychopathic behavior may be turned to the study of the causes and prevention of such behavior.

Psychoanalytic Treatment of Psychopathic Personalities

MARY O'MALLY, M.D.

Psychoanalysis as a therapeutic measure for the psychopathic personality seldom produces satisfactory results; in fact, it has proven a failure whenever an attempt has been made to apply it to individuals of this type. One of the dominating characteristic traits of the psychopathic individual is his egocentricity, which is present to a marked degree; he is satisfied with himself and especially with his behavior. His narcissism gives him an illusionary sense of superiority which compensates for his inferiority and for other complexes. His narcissistic tendencies find a constant gratification in the attention he receives from the analyst and others who try to help him overcome his difficulties, and for this reason he persists in retaining them. The emotional instability which is ever present in these cases gives rise to ''blow outs'' under mental strain and pressure, and the reaction is abnormal behavior which may be asocial or even antisocial. This reaction to stress, with the resulting abnormal behavior, wins for the psychopath the attention he desires, thus again satisfying his self-love. These character components preclude the possibility of a successful transference. The patient of this type does not want to be cured; he has an unconscious love for his psychopathic components and unconsciously feels that if they disappeared, much of happiness would be taken out of his life. Hence his resistance to analysis—as his love interests are satisfied in self-love.

NOTES AND COMMENTS

ANNOUNCEMENT

Beginning with the present issue, the yearly subscription price of MENTAL HYGIENE will be increased from $2.00 to $3.00, single copies from fifty cents to seventy-five cents. Although the size of MENTAL HYGIENE has been increased from 156 pages to 224 pages and the cost of publication has almost doubled since 1917, the date of the first issue, the subscription price has remained the same. As the journal is published for educational and not for commercial purposes, The National Committee for Mental Hygiene has preferred to make the subscription price as low as possible. The new subscription rate will more nearly accord with the cost of publication.

Colorado

Chapter 158, Laws of 1923, contains provisions for the admission of patients to the psychopathic hospital that was authorized by the 1919 legislature. Persons eligible for admission are received on commitment or voluntary application and as public, private, or part-pay patients. Provision is made for emergency admission at the discretion of the director. The director also has the power to discharge patients.

The principal objects of the hospital are thus stated in the law:

> "Said hospital shall be primarily and principally conducted, not for chronic illness, but for the care and treatment of legal residents of Colorado who are afflicted with a mental disease or disorder, or abnormal mental condition, which can probably be remedied by observation, treatment, and hospital care. Said hospital shall also be utilized for such instruction and for such scientific research as, in the opinion of the Board of Regents, will promote the welfare of the patients committed to its care, and assist in the application of science to the prevention and cure of mental diseases."

The control of this hospital is vested in the board of regents of the University of Colorado, and the director of the hospital must serve as professor of psychiatry in the university's school of medicine.

The last legislature voted an appropriation of $160,000 to the state hospital for mental diseases for the purchase of additional land, about $100,000 for repairs, additions, and improvements, and $40,000 to purchase stock, furniture, and equipment of the Woodcroft Hospital at Pueblo.

Connecticut

A state psychiatric commission was authorized by the 1923 legislature. This commission, which has been appointed and is now at work, has the following duties assigned to it by law: "to investigate the provisions in the state hospitals for the care of the insane, feebleminded, and epileptic, including the provisions for defective delinquents, criminal or vicious insane, and persons having senile mental investigate the laws relating to the commitment, care, and treatment disorders, and the need of additional provisions for such persons; to of such persons and the discharge of the same from said institutions; to prepare such amendments to such laws or revision or codification thereof as it shall find advisable; and to report the results of its investigations, with its recommendations, to the next general assembly."

Delaware

The 1923 legislature of Delaware enacted a sterilization law, the principal provisions of which are contained in the following quotation:

> "Upon the written application of the board or commission having control of any state or county institution which has charge of insane, feebleminded, or epileptic persons, to the state board of charities, the said board is hereby authorized to appoint one physician and one alienist of recognized ability whose duty it shall be, in conjunction with the superintendent of the institution where such persons are cared for, to examine into the mental and physical condition of the persons mentioned in said written request who are legally confined in such institutions, and should such physician, alienist, and superintendent unanimously determine that procreation is unadvisable, it shall then be lawful, with the written consent of the state board of charities, for the board or commission having the custody of such person so examined to have such an operation performed on such person for the prevention of procreation as shall be decided by said physician and alienist as safest and most effective, provided, however, that before such operation shall be performed it shall be the duty of the board or commission having the custody of such person to give at least thirty days' notice in writing to the husband or wife, parent or guardian, if the same shall be known and can be located, and, if unknown, to the person with whom such inmate last resided, if such person can be located."

The state institution for the feebleminded, which was opened in 1921, received from the 1923 legislature an appropriation of $52,300 for additional buildings, including a building for boys, a laundry building, a cottage for the superintendent, and an infirmary.

Florida

A children's code commission was established by the 1923 legislature. This commission is authorized to edit and codify the general laws relating to children and to report to the next legislature, through the governor, any desirable changes. It is also the duty of this commission to study the conditions now existing relating to the welfare of children and to present the findings together with a legislative program deemed necessary to remedy existing conditions and to promote the welfare of the children of the state. The commission must have a membership of at least five citizens appointed by the governor.

Corporal punishment has been forbidden by law in the state and county penal institutions of Florida.

Indiana

All applications for admission to the state hospitals, either by legal commitment or by voluntary admission, must be made to the medical superintendent of the hospital, according to Chapter 154, Laws of 1923. Transfer of patients between hospitals—in fact, between any of the state institutions for insane, feebleminded, or epileptics—are made by the mutual understanding and consent of the superintendents of the institutions concerned. Formerly transfers were authorized by the governor of the state, upon the petition of the superintendent.

Chapter 55, Laws of 1923, which amends a 1917 law relating to deportation of nonresident insane, feebleminded, epileptic, or poor persons, contains the following new provision:

"Whenever it is brought to the attention of the board of state charities that any insane, epileptic, feebleminded, or poor person found in this state is an escaped inmate from an institution in another state, said board may deport such person without application for admission having first been made to an institution in this state."

Iowa

The name of the State Hospital and Colony for Epileptics has been changed by law to "Hospital for Epileptics and School for Feebleminded".

Michigan

The principal laws relating to the insane, feebleminded, and epileptics have been consolidated into one law—Chapter 151, Laws of 1923.

Minnesota

The 1923 legislature authorized the state board of control to purchase land for a colony for feebleminded and a colony for epileptic persons, consisting together of not less than 320 acres, at a cost not to exceed $50,000. These colonies were authorized by the 1921 legislature; but at that time the board was empowered to select as their sites only public lands owned by the state.

Missouri

The bill providing for an increased number of physicians at each of the state hospitals and at the state institution for feebleminded and epileptics, which was mentioned in the April, 1923, number of MENTAL HYGIENE, was enacted. The superintendent of State Hospital No. 1 is authorized to appoint not more than five assistant physicians; of State Hospital No. 2, not more than six; of State Hospital No. 3, not more than five; of State Hospital No. 4, not more than three; and of the state institution for feebleminded and epileptics, not more than two. Each of these appointments is subject to the approval of the health supervisor.

New Jersey

The 1923 legislature authorized a tax levy of one-half mill on each dollar's valuation of real and personal property, the proceeds of which tax are to be used exclusively for the state hospital for mental diseases at Morris Plains.

North Carolina

A 1923 law of this state removes the age restrictions on admission to the state school for mental defectives. Formerly boys and girls between six and twenty-one years and women between twenty-one and thirty years were admitted to this institution. Now mentally defective persons of any age may be received.

A bond issue for the state's educational and charitable institutions was authorized by the 1923 legislature. From the proceeds derived from the sale of these bonds, the state institution for feebleminded is to receive $500,000, and the three state hospitals for mental diseases $1,218,000. Of the latter amount, $100,000 is to be used for constructing buildings at the Raleigh State Hospital and the Goldsboro State Hospital for patients transferred to these hospitals from the State Hospital for Dangerous Insane. The last-mentioned institution, which has been a department of the state prison at Raleigh, was abolished by an act of the 1923 legislature.

Pennsylvania

A commission to revise and consolidate the laws in this state relating to dependent, defective, delinquent, neglected, incorrigible, or illegitimate children, was authorized by the 1923 legislature. This commission, consisting of seven citizens appointed by the governor, is to study the laws, conditions, and practice relating to child welfare, and make a full report in writing to the 1925 general assembly, with recommendations and reasons therefor. The law creating the commission contains an appropriation of $5,000.

South Dakota

To raze and rebuild the custodial building at the State School and Home for Feebleminded, the 1923 legislature appropriated the sum of $60,000.

Wisconsin

The names of the two state institutions for the feebleminded have been changed to the "Northern Wisconsin Colony and Training School" and the "Southern Wisconsin Colony and Training School".

Annual Meeting of The National Committee for Mental Hygiene

The National Committee for Mental Hygiene held its Fourteenth Annual Meeting at the Hotel Pennsylvania, New York, on November 8. A luncheon and addresses preceded the business meeting. Dr. Frankwood E. Williams, medical director of the National Committee, spoke on some special aspects of the committee's work, emphasizing the need for mental-hygiene work with children and with college students. Mr. Clifford W. Beers, secretary of the committee, gave an account of his trip to Belgium, France, and England last spring in the interests of the international mental-hygiene movement and described the enthusiasm with which the idea of an international congress of mental hygiene was everywhere received. Mr. Beers predicted that such a congress, by promoting friendly feeling between the nations, would be a direct contribution to the cause of world peace. Dr. V. V. Anderson, director of the National Committee's Division on the Prevention of Delinquency, told of the work of the child-guidance clinics financed by the Commonwealth Fund under its five-year program for the prevention of delinquency. Dr. Thomas W. Salmon, former medical director of the National Committee and now professor of psychiatry at Columbia University, and Dr. C. M. Hincks, associate medical director and secretary of the Canadian National Committee for Mental Hygiene, also spoke.

At the business meeting, Dr. William H. Welch, director of the School of Hygiene and Public Health at Johns Hopkins University, was elected president of the National Committee, to succeed Dr. Walter B. James, who had held that office for the last five years. The other officers were reëlected: Dr. Charles W. Eliot and Dr. Bernard Sachs, vice-presidents; Mr. Clifford W. Beers, secretary;

and Mr. Otto T. Bannard, treasurer. Dr. Haven Emerson, professor of public-health administration at Columbia University, and Dr. Arnold L. Gesell, director of the Yale Psycho-Clinic, were elected to the board of directors, and the following persons to membership in the National Committee: Dr. Sanger Brown, II, chairman of the New York State Commission for Mental Defectives; Dr. Abraham A. Myerson, assistant professor of neurology, Tufts College Medical School; Dr. H. C. Solomon, chief of therapeutic research, Boston Psychopathic Hospital; Dr. A. Warren Stearns, of Boston; and Dr. Douglas A. Thom, director of the Division of Mental Hygiene of the Massachusetts Department of Mental Diseases.

A resolution was adopted approving the plan for holding the First International Congress of Mental Hygiene in this country as soon as adequate funds can be secured. The committee also passed resolutions of regret for the death during the past year of four of its members: Dr. Hermann M. Biggs, Dr. Lincoln C. Furbush, Dr. J. Montgomery Mosher, and Dr. Paul Waterman.

Meeting of the Board of Directors of The National Committee for Mental Hygiene

The annual meeting of the Board of Directors of The National Committee for Mental Hygiene was held in New York City on December 28, 1923. Dr. William H. Welch, president of the National Committee, presided. A budget for 1924, amounting to $85,000 for the general activities of the committee and $154,900 for the special activities, was adopted.

Two new directors were elected: Dr. William A. White, Washington, D. C., and Dr. Charles P. Emerson, Indianapolis, Ind. The following were elected members of the executive committee: Dr. William L. Russell, Medical Director, Bloomingdale Hospital, White Plains, N. Y.; Dr. Walter E. Fernald, Superintendent, Massachusetts School for the Feebleminded, Waverley, Mass.; Dr. Stephen P. Duggan, Professor of Education, College of the City of New York; Dr. William A. White, Superintendent, St. Elizabeths Hospital, Washington, D. C.; Dr. Charles P. Emerson, Dean, University of Indiana Medical School, Indianapolis, Ind.; Dr. C. Floyd Haviland, Chairman, New York State Hospital Commission, Albany, N. Y.; Dr. Arthur H. Ruggles, Superintendent, Butler Hospital, Providence, R. I.; and Mr. Matthew C. Fleming, New York City. Elections to the finance committee were as follows: Mr. William J. Hoggson, New York City; Mr. Victor Morris Tyler, New Haven, Conn.; and Mr. Howard B. Tuttle, Naugatuck, Conn.

Dr. Frankwood E. Williams was reëlected medical director of the National Committee.

A resolution was adopted recommending that the executive committee consider the desirability of revising the by-laws to provide for a larger membership in the National Committee.

DARTMOUTH CHARTS MR. BRYAN'S ARGUMENTS

Stuart A. Rice and Malcolm M. Willey, of the Department of Sociology of Dartmouth College, contributed recently to the *New York Times* the following analysis of the result of William J. Bryan's lecture *Science vs. Evolution,* before the students of Dartmouth:

"Williams Jennings Bryan, champion of uncertain causes, visited Dartmouth College at Hanover, N. H., during the winter of 1903. Upon that occasion the train bearing him to the college was stalled in snowdrifts. When it was learned that Mr. Bryan's visit might thus be prevented, a special engine was chartered and sent out to buck the snow. Eventually the helpless train was reached and Mr. Bryan and his baggage were transferred to the locomotive cab. Up at the tiny college town almost the entire student body waited patiently as the hours wore on. It was 1 o'clock in the morning when the guest of honor arrived. It was 3 o'clock when he concluded his address to the boys.

"On December 8 of this year William Jennings Bryan made another journey to the college among the hills. This time no snow impeded him, but he encountered intellectual drifts from which he extricated himself with far more difficulty than from the banks of whiteness two decades ago. No visitor in recent years had been awaited with more expectancy. The topic of his talk, *Science vs. Evolution,* struck a responsive chord in the young men of Hanover, for Dartmouth is one college in the country where every undergraduate is required to take a course in evolution and where a department of evolution has a place of equal importance with the departments devoted to the classics, the social sciences, and the rest.

"Dartmouth was primed for the arrival of the champion of fundamentalism. The college daily, *The Dartmouth,* had defined the issue for the students. In an editorial, *The Fundamental Facts,* the undergraduate editor, H. W. Cowley, framed the matter carefully:

> " 'Needless to say, Dartmouth welcomes Mr. Bryan, but its welcome by no means presupposes that his audience will check its intelligence at the door. Quite the contrary; Mr. Bryan may expect an audience which will require that he get down to brass tacks and that he present the scientific facts against evolution which the title of his address assumes that he has at his finger tips. The fundamentalist controversy which splits the churches and which Mr. Bryan personifies has reopened a discussion which in the court of intelligent opinion has been settled

> for over half a century. And it must be pointed out that the discussion cannot be reopened unless Mr. Bryan and his colleagues have new and startling evidence to produce.'

"The Dartmouth undergraduate body packed every available inch in the college auditorium. They sat on the floor in the aisles; they clung to gallery rails. And they waited for Mr. Bryan to produce his facts. Now, after it is over, Dartmouth is taking stock.

"Mr. Bryan's visit to Hanover is by no means a matter of purely local concern. It assumes a great significance, especially in view of the fact that by his own statement Mr. Bryan probably speaks to more college audiences than any other public man who is not a professional educator. When a man of his reputation and ability bravely enters the academic field and taunts the scientists to their faces; when he seeks to sway against them the opinions of students who gather in the classrooms of these same scientists, the consequences most certainly deserve careful consideration.

"How does the undergraduate respond to the eloquent pleadings of the master orator? What the answer at large would be cannot be stated, but after days of arguments and nights of discussion, Dartmouth men have given their reply. The results are as unique as they are interesting.

"Typical of what the college as a whole is thinking are the answers given by 136 students, who are taking work in the department of sociology, to a request for unsigned comments on Mr. Bryan's discussion. All of these in their freshman year had taken the required course in evolution. Likewise all of them were in the audience that greeted Mr. Bryan. Thus, with a background that made them familiar with the doctrine that received its modern impetus from Darwin, these men uniquely were competent to render a decision upon the patency of Mr. Bryan's case. Their replies should indicate whether in championing the cause of fundamentalism in American colleges Mr. Bryan is accomplishing results or whether he is merely tilting at windmills, while youth stands by admiring his sincerity, but laughing respectfully at the weapons he employs.

"It was this questionnaire (which, it was explained to them, was intended to be a fair statement of the generally accepted principles of the evolutionary point of view) to which the undergraduates gave reply:

> "'With reference to the doctrine that man evolved from lower animal forms, in harmony with general principles of organic evolution:
>
> "'1. I reject the doctrine completely.
>
> "'2. While I do not reject it completely, I do not believe that the evidence favors it.

" '3. I am undecided whether to accept or reject it.

" '4. While I do not accept it completely, I believe that the evidence favors it.

" '5. I accept the doctrine completely.'

"The student was requested to indicate which of these statements, designed to cover the range of opinion between complete acceptance and complete rejection, most nearly coincided with his own, both before and after hearing the address of Mr. Bryan. Having done this, he was asked to give a brief impression of the address itself.

"Two significant facts stand out as the result of this inquiry. The first of these is that an overwhelming number of these undergraduates were believers in the doctrine of organic evolution. More than half of the entire number, before hearing Mr. Bryan, maintained no doubts or mental reservations concerning the validity of the theory. It was rejected completely by two only of the entire 136, while an additional five felt that the evidence pointed away from the validity of the theory. One hundred and twenty-two of the 136 regarded the doctrine as substantiated, or at least made probable by the evidence.

"The second disclosure is that these beliefs were substantially unchanged as a result of Mr. Bryan's address. However, the few and relatively slight changes of belief which occurred were in the direction of increased skepticism toward evolution. Thus the number of unqualified adherents to evolutionary doctrine was reduced from seventy to sixty while the number of its unqualified opponents was increased from two to four.

"The number of men rejecting the doctrine in greater or less degree was increased from seven to fourteen, while the number who were undecided between the two opposing points of view was likewise increased from seven to fourteen. Thus the anti-evolutionists may claim a net conversion of seven men, approximately 5 per cent, and the reduction of another seven men from evolutionary belief to indecision. These changes are shown in the following distribution:

Belief (Nos. represent the various propositions in the questionnaire)	No. before and after hearing Bryan		Net change in Nos.
	Before	After	
Five	70	60	—10
Four	52	48	— 4
Three	7	14	+ 7
Two	5	10	+ 5
One	2	4	+ 2
	136	136	

"It obviously is impossible to measure completely the changes which have occurred in the minds of these young men as the joint result of hearing Mr. Bryan and of partaking in the discussions which followed his address. It cannot be questioned that many of the convinced believers in the evolutionary doctrine were strengthened in their belief, although others were shaken slightly. Some indication of this fact may be gleaned from a perusal of the comments which each student submitted with his returned questionnaire. The following excerpts are typical of the large majority who were evolutionists at the outset and who continued to be:

> " 'A skillful, masterly oration, given by a prejudiced man, who did not have, or did not show that he had, a knowledge of what he was talking about. Such an argument would only convince the uneducated.'
>
> " 'In my opinion, he had no argument at all. Vaudeville lost a perfectly good comedian.'
>
> " 'I think he evaded the isuse very skillfully.'
>
> " 'Bryan did what I thought to be impossible. He talked for nearly two hours and didn't say anything.'
>
> " 'Altogether it was the weakest argument I have heard for years, an unpardonable sin for a lawyer. He should be back trying libel cases.'
>
> " 'I do not believe that Mr. Bryan realized that he was speaking before an intelligent group. Since he has been a reformer, for complete toleration, I suggest that he practice what he preaches.'
>
> " 'He is merely a very narrow-minded Old Testament enthusiast who is so narrow that he will not even allow himself to think, or even consider for a moment, any favorable points presented by his opponents.'
>
> " 'He seemed to be ridiculing evolution, not arguing against it.'
>
> " 'We have got our minds to think with; why not try to use them once in a while instead of following a man like Bryan, who says that his heart tells him that God is there? He had better have his heart examined.'
>
> " 'He is a wonderful orator, but would get along better as America's leading humorist. Evolution and Christianity do not need to be divorced.'
>
> " 'Vituperation and wit are poor and non-convincing substitutions for argument.'
>
> " 'I did not think anything of Bryan's argument. As an argument it was a poor specimen. I am a Democrat.'
>
> " 'It seems to me that Bryan would throw most students who are on the fence to the side of evolution with his old-fashioned ideas of hard-boiled religion. For that is the way I interpreted his religion.'
>
> " 'All in all he reminded me of a good old preacher making (trying to, anyway) converts at a revival meeting.'
>
> " 'Mr. Bryan may think he is doing a great work, but I for one am convinced more than ever that he is doing a very destructive work in turning the minds of the uneducated away from faith in the scientist through nothing but his rutted ideas and a bit of good oratory.'
>
> " 'He is an old man firmly believing in the teachings of his youth.

> He thinks that because the trend is different nowadays, society is going to the dogs.'
>
> "'It is a great satisfaction to know from personal observation that the great opponent of creative evolution is only a garrulous old man.'

"Mr. Bryan did not hesitate to refer to the simian ancestry of his male opponents. His student hearers were too polite to reply in kind, but their written comments left little room to doubt the opinions of many. More than one was inclined to regard the degree of Mr. Bryan's kinship with the creature which symbolizes his party as even closer than evolutionary theory would claim.

"It must not be assumed, however, that all of Mr. Bryan's undergraduate critics were flippant in their comments. Quite the reverse is true. His interpretation of religion, as a dogmatic and unchanging interpretation of God's word, aroused feelings of resentment and sacrilege in the minds of many devout Christians. The following are citations that indicate this:

> "'I believe he is absolutely wrong in saying that acceptance of the doctrine of evolution destroys the Christian principles of morals and living. It makes my faith in the heavenly power stronger.'
>
> "'I believe it is more reasonable and easier to see the hand of God working through the process of guiding all nature through an intricate course of evolution than building our universe in six days.'
>
> "'Bryan believes that mankind cannot believe in God and evolution. He believes in God as a static influence and that the world is making no improvement. This does not agree with my point of view that God is a constructive influence and that evolution tells of the improvement of both men and animals.'
>
> "'He did say one thing I agree with, and that is that we should come nearer to God and believe in Him more fully. But the question with me is which form of belief, Bryan's or the evolutionist's, leads us nearer to God. I believe the latter by all means, if it be taught in the right way.'
>
> "'My experience has been that before I took evolution I was an agnostic. Evolution brought me back. To me it is a most Christian doctrine and in no way incompatible with religion. It made religion real to me.'

"While the number of men who were affected by Mr. Bryan's address in the manner which he intended was comparatively small, fairness requires that at least two instances be quoted from this group:

> "'Because the miracles of Christ appeal to me more strongly than the equally miraculous evolution of man, I find that I would rather believe in miracles and God than in evolution and tend to agnosticism.'
>
> "'Putting together what I already knew and carefully weighing

> what W. J. said, I am in favor of the Bible; that God as the Bible defines it is more logical and easier to believe than the theory of materialistic evolution.'

"It is evident that Dartmouth did not check its intelligence at the door. It listened and weighed carefully. But beliefs stand mostly as before, tinged, perhaps, with a feeling of alarm. Again let the editor of *The Dartmouth* speak:

> " 'Mr. Bryan travels to the four corners of the earth sowing the dragon's teeth of distrust in science and hatred of the educated man; and because he is adroit and because he is uncritical he has succeeded in marking out a battlefield for a battle which need never be fought and which can end in only one way. We would suggest that Mr. Bryan, fiery crusader, consider the possibilities and results of his being wrong. We would suggest that Mr. Bryan count the costs of his possible error. We would have him turn the force of his powerful mind to reverie on Cromwell's appeal—"I beseech you, gentlemen, by the mercies of Christ, to consider that you may be wrong."
>
> " 'Mr. Bryan entrances and leads millions with his platform magic. And suppose he leads them wrong? Suppose science is right? He might consider that possibility; and when he does, he must know that his leadership makes him either a spiritual giant or a paltry demagogue. Some already have formed their conclusions.'

"In short, we may conclude with the Dartmouth daily: 'Goliath merely smiles amusedly and reëxamines his armor to find it unimpaired.' But Dartmouth thinks also of those who are not armed so securely."

Mental-Hygiene Program of the Public Charities Association of Pennsylvania

The reorganized Mental Hygiene Division of the Public Charities Association of Pennsylvania has just announced the following plan of activity for the next five years:

1. Informing the public through addresses, radio talks, moving pictures, exhibits, literature, magazines, and newspaper articles as to the nature, extent, causes, treatment, and means for the prevention of mental diseases, disorders, and defects. The division will provide competent volunteer speakers to address interested groups of all kinds in any part of the state, each speaker to choose his own phase of the subject. Among the newer methods for popular education on this important subject, the division will prepare for distribution to mothers postcard-size mental-hygiene charts, to be distributed and explained by social agencies whose workers come into immediate contact with mothers, as, for example, the visitors for the Mothers' Assistance Fund throughout the state.

2. Promoting remedial legislation and bringing to the attention of the public and the proper officials the essential facts as to the prevalence of mental diseases, disorders, and defects, and the financial and other needs of the state institutions for the mentally diseased, the epileptic, and the feebleminded.

3. Acting as a bureau of information on the subject of the examination and treatment of the mentally ill and deficient and the use of the state institutions already provided for these patients.

4. Promoting the establishment and effective operation of free clinics for mental diseases, disorders, and defects, especially in connection with state and other hospitals, courts, and prisons.

5. Establishing branches of the division in the larger cities throughout the state, in order that in those localities the educational campaign may be more intensively and more effectively carried out.

6. Organizing courses of instruction in the recognition of the elementary problems of mental health for groups of teachers, nurses, social workers, visiting teachers, college students, and medical students.

7. Conducting studies in various communities to determine the extent of such mental-health problems within their borders as mental diseases, delinquency, feeblemindedness, and the like, so as to aid in securing the proper treatment facilities for attacking these conditions.

8. Maintaining for general use a collection of the literature on the subject, together with information in regard to the progress made in other states and communities in the care, treatment, and prevention of mental cases.

The following are at present members of the executive committee of the division: From Philadelphia—Dr. George Wilson, chairman; Dr. Edward A. Strecker; Dr. E. D. Bond; Dr. A. C. Buckley; Dr. M. A. Burns; Dr. H. C. Carpenter; Dr. William Drayton, Jr.; Dr. F. G. Ebaugh; Dr. F. J. Leavitt; Dr. Samuel Leopold; Dr. S. DeW. Ludlum; Dr. A. J. Ostheimer; Dr. C. A. Patten; Dr. J. H. W. Rhein; Dr. N. W. Winkelman; Dr. E. A. Leonard; and Dr. D. J. McCarthy. From Pittsburgh—Dr. George J. Wright, vice-chairman; Dr. C. H. Henninger; Dr. W. H. Mayer; Dr. George Smeltz; Dr. C. C. Wholey; Dr. Max Weinberg. From Warren—Dr. H. W. Mitchell. From Mercer—Dr. W. W. Richardson. From Chester—Dr. Adam J. Simpson. This committee will be enlarged by adding representatives later from other parts of the state.

Dr. D. J. McCarthy, chairman of the division council, is organizing a state-wide representation which will include laymen with particular interest in mental hygiene as well as additional representatives from the medical profession.

The medical director of the division, on duty since January 1, 1924, at 419 South 15th street, Philadelphia, is Alfred J. Ostheimer, M.D., L.R.C.P. (London), M.R.C.S. (England). He was formerly associated with Dr. D. J. McCarthy in the practice of neuropsychiatry, served as a lieutenant colonel in the medical corps of the army during the war, and since has been in charge of ex-service men suffering from mental and nervous diseases in the third district of the United States Veterans' Bureau.

Mental Hygiene and Pediatrics

A recent issue of the *Journal of the American Medical Association* publishes the presidential address delivered by Dr. L. Emmett Holt before the American Pediatric Society last May. In it Dr. Holt reviewed the progress that has been made in the field of pediatrics during the last twenty-five years and forecast future developments.

"One subject", he stated, "that is likely to have much greater importance in the pediatrics of the future is that of mental hygiene. At present the profession is occupied chiefly with the later results of faulty mental hygiene, as in various types of mental instability and disease, the foundations for which are often laid in childhood and are due to a maladjustment not understood and not corrected. Many of the habits, the fears, the tempers, the night terrors, and the whims of children have a significance that few of us appreciate. When these patients are brought to us and we discover that the symptoms have no basis in the physical condition of the children, we are apt to pass them over as not deserving serious consideration. Yet when in adolescence the symptoms of dementia praecox or other mental disorders have developed, it is found that a large portion of these patients have shown very early in childhood some indications of mental instability. Had the early manifestations been understood and had the child been placed in an environment and given an education in which these things were properly recognized, the outcome might have been very different. It is only in the earliest stages of these disorders that treatment can have much effect, and it is the early symptoms that are brought to the notice of the pediatrician or the family physician, very seldom, at this age, to the specialist in mental hygiene. In the ever-increasing complexities of our modern life, cases of this kind are becoming more and more frequent."

CURRENT BIBLIOGRAPHY *

September–December, 1923

Compiled by

DOROTHY E. MORRISON

The National Committee for Mental Hygiene

Abt, I. A., M.D. Nervous child. Hygeia, December 1923, v. 1, p. 566-68, adv. p. 12.

American psychiatric association. Proceedings of 79th annual meeting, June 19, 1923. American journal of psychiatry, October 1923, v. 3, p. 309-84.

Anderson, V. V., M.D. Psychiatric clinic in the treatment of conduct disorders of children and the prevention of juvenile delinquency. Journal of criminal law and criminology, November 1923, v. 14, p. 414-56.

Ashworth, W. C., M.D. Mental disorders. Southern medical journal, October 1923, v. 16, p. 754.

Bagby, English. The inferiority reaction. Journal of abnormal psychology and social psychology, October-December 1923, v. 18, p. 269-73.

Barnes, F. M., M.D. Introduction to the study of mental disorders. 2d ed. St. Louis, Mosby, 1923. 295 p.

Benjamin, P. L. Indiana's insanity. Survey, September 15, 1923, v. 50, p. 624-25.

Berry, C. S. Mentally retarded child in the public schools. Mental hygiene, October 1923, v. 7, p. 762-69.

Bjerre, Poul. From psychoanalysis to psychosynthesis. Psychoanalytic review, October 1923, v. 10, p. 361-79.

Bledsoe, E. P. Mental hospital library; some suggestions for utilizing the psychological and therapeutic value of books. Hospital management, October 1923, v. 16, p. 72-73.

Bovet, Pierre, M.D. The fighting instinct: tr. by J. Y. T. Grieg. N. Y., Dodd, 1923. 252 p.

Bowen, A. L. Signs of progress in the institutional care of the mentally ill. Modern hospital, December 1923, v. 21, p. 600-02.

Bowen, A. L. Standardization of state hospital reports and publicity. Modern hospital, October 1923, v. 21, p. 372-73.

Bridgman, Olga, M.D. Psychology of the normal child. Journal of the American medical association, October 13, 1923, v. 81, p. 1260-62.

Brown, Sanger II, M.D. Year's progress in New York State in the care of mental defectives. Mental hygiene, October 1923, v. 7, p. 796-803.

Buckley, A. C., M.D. Scientific aids to psychiatry. American journal of psychiatry, October 1923, v. 3, p. 285-308.

Burnham, W. H. Mental hygiene and habits of thinking. Pedagogical seminary, June 1923, v. 30, p. 105-26.

Buswell, J. T. School treatment of mentally exceptional children. Elementary school journal, May 1923, v. 23, p. 683-93.

Butts, H. Fear and worry. U. S. naval medical bulletin, September 1923, v. 19, p. 257-81.

Byers, J. P. Colony care of the feebleminded. Training school bulletin, September 1923, v. 20, p. 72-74.

Calkins, M. W. McDougall's treatment of experience. British journal of psychology, April 1923, v. 32, p. 197-210.

Cameron, H. C., M.D. . . . Nervous child. British medical journal, November 24, 1923, p. 963-67.

Canadian National committee for mental hygiene. Mental hygiene for normal children: account of experiment conducted by the Canadian National committee for mental hygiene and the Toronto Kiwanis Club. Public health journal (Toronto), October 1923, v. 14, p. 470-73.

Canavan, M. M., M.D., and Rosamond Clark. Mental health of 581 offspring of non-psychotic parents. Mental hygiene, October 1923, v. 7, p. 770-78.

Canton, E. L. Psychology of occupational therapy. Archives of occupational therapy, October 1923, v. 2, p. 347-57.

---

* This bibliography is uncritical and does not include articles or books of a technical or clinical nature.

Carothers, F. E. Use of psychological tests at Washington Irving high school. Ungraded, October 1923, v. 9, p. 15-18.

Centres for the occupations and training of mentally defective children. Ungraded, November 1923, v. 9, p. 25-29 (to be cont.).

Cheney, C. O., M.D. New York State hospital mental clinics. American journal of psychiatry, October 1923, v. 3, p. 235-42.

Clifford W. Beers: prophet of mental health. The Survey, November 1, 1923, v. 51, p. 183-84.

Coffin, J. H. Personality in the making. Boston, Houghton, 1923.

Colvin, S. S. Native intelligence, growth and opportunity; a study of intelligence and the I.Q. American review, December 1923, v. 1, p. 650-56.

Connely, E. M., M.D. Mental hygiene. Louisiana state board of health quarterly bulletin, September 1923, v. 14, p. 125-28.

Coriat, I. H., M.D. Active therapy in psychoanalysis. Psychoanalytic review, January 1924, v. 11, p. 28-38.

Coriat, I. H., M.D. Progress in psychiatry. Boston medical and surgical journal, November 22, 1923, v. 189, p. 819-23.

Coriat, I. H., M.D. Suggestion as a form of medical magic. Journal of abnormal psychology and social psychology, October-December 1923, v. 18, p. 258-68.

Cornell, E. L. Selection of children for special classes. Ungraded, October 1923, v. 9, p. 10-14.

Cornman, O. P. Individual differences—their significance. Pennsylvania school journal, November 1923, v. 72, p. 150-52.

Courtney, J. W. Conquest of nerves. N. Y., Macmillan, 1923. 209 p.

Coy, G. L. The interests, abilities and achievements of a special class for gifted children. N. Y., Teachers college, 1923. 199 p.

Crawford, N. A. Literature and the psychopathic. Psychoanalytic review, October 1923, v. 10, p. 440-46.

Daspit, Henry, M.D. What the state is not doing for its mentally diseased. New Orleans medical and surgical journal, September 1923, v. 76, p. 144-48.

Davis, A. E. Hypnotism and treatment by suggestion. 4th ed. London, Putnam, 1923. 196 p.

Davis, C. B. Therapeutic value of toy-making. Archives of occupational therapy, October 1923, v. 2, p. 369-75.

Dealey, C. E. Problem children in the early school grades. Journal of abnormal psychology and social psychology, July-September 1923, v. 18, p. 125-36.

Dersheimer, F. W., M.D. Further studies in mental hygiene in industry: malingering. Journal of industrial hygiene, December 1923, v. 5, p. 299-304.

Dewey, John. The school as a means of developing a social consciousness and social ideals in children. Journal of social forces, September 1923, v. 1, p. 513.

Division of mental hygiene as a necessary adjunct to health department activities. Chicago department of health, Weekly bulletin, September 8, 1923, v. 17, p. 156-58.

Doll, E. A. New thoughts about the feebleminded. Journal of educational research, June 1923, v. 8, p. 31-48.

Dougherty, M. L. Relation between physical and mental development. Elementary school journal, October 1923, v. 24, p. 130-34.

Earle, M. G. Taking psychiatric case histories. Trained nurse and hospital review, November 1923, v. 71, p. 414-16.

Earle, M. G. Value of mental testing: a reliable means of selecting candidates for the nursing profession. Trained nurse and hospital review, October 1923, v. 72, p. 310-14.

East, W. N., M.D. Delinquency and mental defect. Reprint from British journal of medical psychology, 1923, Part 3, v. 3.

Echols, G. L., M.D. Mental disease problem. Southern medical journal, September 1923, v. 16, p. 668.

Estabrook, A. H. Mental tests. Eugenical news, October 1923, v. 8, p. 89-93, 95-96.

Ewer, B. C. Applied psychology. N. Y., Macmillan, 1923. 480 p.

Farnsworth, B. B. Practical psychology. N. Y., Clark, 1923. 315 p.

Flinn, I. M., M.D. Function of the home in developing mental health. Health forum, September 1923, v. 1, p. 125-29.

Folks, Homer. "Thirty years of failure." State hospital quarterly, November 1923, v. 9, p. 76-78.

Forrester, A. T. W. Plea for the nationalization of our mental hospitals. The Lancet, September 29, 1923, v. 205, p. 676-78.

Fox, Evelyn. The mentally defective and the community. Studies in mental inefficiency, October 15, 1923, v. 4, p. 71-79.

Franz, S. I. Nervous and mental reëducation. N. Y., Macmillan, 1923. 225 p.

Freeman, F. N. Referendum of psychologists. Century mag., Dec. 1923.

Freud, A. Relation of beating phantasies to day-dream. International journal of psychoanalysis, January-April 1923, v. 6, p. 89.

Fryer, Douglas. Outlook for vocational guidance in Great Britain. Mental hygiene, October 1923, v. 7, p. 779-84.

Gamble, M. Feeblemindedness and delinquency. Medical journal of Australia, July 21, 1923, v. 2, p. 55.

Garvin, W. C., M.D. Psychiatric aspects of spiritism. Long Island medical journal, November 1923, v. 17, p. 432-37.

Glueck, Bernard, M.D. Management of human behavior. The Survey, December 15, 1923, v. 51, p. 350-51.

Glueck, Bernard, M.D. The nervous child. The Survey, November 15, 1923, v. 51, p. 185-89.

Glueck, Bernard, M.D. Survey reading lists: I. psychiatry and mental hygiene. The Survey, November 1, 1923, v. 51, p. 189.

Glueck, S. S. Ethics, psychology and the criminal responsibility of the insane. Journal of criminal law and criminology, August 1923, v. 14, p. 208-48.

Gordon, R. G. The nervous child. Journal of neurology and psychopathology, August 1923, v. 4, p. 125-32.

Gosline, H. I., M.D. Rational system of sex instruction. Social hygiene, November 1923, v. 9, p. 466-77.

Greene, Elizabeth. Histories of 79 feebleminded girls under supervision in the community. Mental hygiene, October 1923, v. 7, p. 785-95.

Gregory, M. S., M.D. Prejudices regarding expert testimony in mental diseases. American journal of psychiatry, October 1923, v. 3, p. 211-17.

Grey, G. G. Value of psychology in the education of the nurse. American journal of nursing, November 1923, v. 24, p. 100-02.

Groves, E. R. Personality and social adjustment. N. Y., Longmans, 1923. 305 p.

Habit clinics. Boston medical and surgical journal, November 22, 1923, v. 189, p. 836-37.

Hall, M. L. Intelligence as indicated by re-action in games. Training school bulletin, November 1923, v. 20, p. 106-09.

Hamilton, S. W., M.D. A building for tuberculous patients at Hudson River State Hospital. Modern hospital, December 1923, v. 21, p. 590-94.

Hamilton, S. W., M.D. Constructing hospitals for the mentally diseased. Reprint from Modern hospital, November 1923. 7 p.

Harper, E. B. Implications of the data for the theory of religious education. Journal of religion, July 1923.

Harper, E. B. A medical confessional. Journal of religion, May 1923.

Harper, E. B. Social reëducation and nervous disorders. Journal of religion, March 1923.

Haviland, C. F., M.D. Mental disease as a state problem. N. Y. State health news, October 1923, v. 38, p. 253-61.

Herd, H., M.D. Porteus maze mental tests. Medical officer, December 8, 1923, v. 30, p. 267-68.

Heyman, M. B., M.D. Some problems of hospital personnel. American journal of psychiatry, October 1923, v. 3, p. 199-210.

Hines, H. C. Measuring intelligence. Bost., Houghton, 1923. 156 p.

Hinkle, B. M. Re-creation of the individual. N. Y., Harcourt, 1923.

Hollingworth, H. L. Influence of alcohol. Journal of abnormal psychology and social psychology, October-December 1923, v. 18, p. 204-37.

Hollingworth, H. L., and A. T. Poffenberger. Applied psychology, New ed. rev. and enl. N. Y., Appleton, 1923. 447 p.

How are we endeavoring to solve the problem of our mentally subnormal in Toronto? Toronto department of health, Bulletin, August 1923, v. 14, p. 3-4.

Howland, K. E. Social service in relation to those patients in the Boston State Hospital not over twenty-five years of age at first admission. Mental hygiene, October 1923, v. 7, p. 804-30.

Hughes, Robert, M.D. Delinquent child. Medical officer, September 8, 1923, v. 30, p. 119-20.

Indiana Committee on mental defectives. Mental defectives in Indiana . . . 2d ed. Indianapolis, 1923. 48 p.

Indiana tries character training as a reform measure. Nation's health, November 1923, v. 5, p. 793-95.

Isserlis, L. Relation between home

conditions and the intelligence of school children. London, His Majesty's stationery office, 1923. 28 p.

Jahrling, Robert. Educating gifted children in Hamburg. Pedagogical seminary, March 1923, v. 31, p. 35-39.

Jones, A. M. The superior child: a series of case studies. Psychological clinic, May-June, 1923, v. 15, p. 116-23.

Jones, Ernest, M.D. Anxiety and birth. International journal of psychoanalysis, January-April 1923, v. 6, p. 120.

Jones, Ernest, M.D. Papers on psychoanalysis. 3d ed. London, Baillière, 1923. 731 p.

Jones, S. W. Fire hazards in state institutions. State hospital quarterly, November 1923, v. 9, p. 65-75.

Kerns, H. N., M.D. Cadet problems. Mental hygiene, October 1923, v. 7, p. 688-96.

Laird, D. A. Case studies in the mental problems of later adolescence with special reference to the mental hygiene of the college student. Mental hygiene, October 1923, v. 7, p. 715-33.

Levine, Israel. The unconscious; an introduction to Freudian psychology. N. Y., Macmillan, 1923. 215 p.

Lurie, L. A., M.D. Subnormal and psychopathic child as exemplified in special clinic. Journal of the American medical association, October 13, 1923, v. 81, p. 1262-65.

Lurie, L. A., M.D. Subnormal and psychopathic child is a new method of attack . . . Nation's health, November 1923, v. 5, p. 798-801.

Macdonald, V. M. Mental hygiene and the public health nurse: with a foreword by T. W. Salmon. Philadelphia, Lippincott, 1923. 67 p.

McDougall, William. Outline of psychology. N. Y., Scribner, 1923. 456 p.

Marcus, Grace. Psychiatric point of view in social work. Mental hygiene, October 1923, v. 7, p. 755-61.

Martin, E. D. Some mechanisms which distinguish the crowd from other forms of social behavior. Journal of abnormal psychology and social psychology, October-December 1923, v. 18, p. 187-203.

May, J. V., M.D. Importance of psychiatry in the practice of medicine. Boston medical and surgical journal, December 13, 1923, v. 189, p. 965-69.

Meagher, J. F. W., M.D. Insanity as a defensive plea in crime. Journal of nervous and mental disease. October 1923, v. 58, p. 310-37.

Meagher, J. F. W., M.D. Mental hygiene: some of its more important aspects. N. J. medical society journal, July 1923, v. 20, p. 217-52.

Mental clinics for children. Editorial in N. Y. medical journal and medical record, October 3, 1923, v. 118, p. 447-48.

Mental hygiene in Argentina. Journal of the American medical association, November 24, 1923, v. 81, p. 1798.

Mexican Society of Neuropathology and Psychiatry organized. Journal of the American medical association, December 1, 1923, v. 81, p. 1893.

Miller, M. D. Therapeutic value of well chosen books in a neuro-psychiatric hospital. Modern hospital, October 1923, v. 21, p. 384-86.

Moll, J. M. Remarks on certain mental disorders which may be regarded as preventable. Child welfare (Australia) September 1923, v. 3, p. 8-9 (to be cont.).

Moore, J. S. Some defects in psychoanalysis. Psychological review, November 1923, v. 30, p. 461-75.

Morphy, A. J., M.D. An industrial school for epileptics and feebleminded. Public health journal (Toronto) October 1923, v. 14, p. 435-38.

Moyer, H. N., M.D. Historical development of the care of nervous and mental diseases in Illinois. Illinois medical journal, September 1923, v. 44, p. 207-12.

Mudge, E. L. Superior girl in early adolescence. Pedagogical seminary, March 1923, v. 31, p. 45-47.

Munger, Elizabeth. Educational problem of the juvenile correctional institution. Ungraded, December 1923, v. 9, p. 49-53.

Murdoch, Katherine, and L. R. Sullivan. Contribution to the study of mental and physical measurements in normal children. American physical educational review. September 1923. (Concl.)

Nash, A. M. Play activities of mentally deficient children. Training school bulletin, November 1923, v. 20, p. 97-105.

National committee for mental hygiene. Objects, etc. British journal of inebriety, October 1923, p. 70-71.

Noble, R. A. Some impressions of the present state of mental hygiene in America and Europe. Health forum, June 1923, v. 1, p. 97-102.

Oberndorf, C. P., M.D. Sex education in the light of analytic experience.

Mental hygiene, October 1923, v. 7, p. 734-43.

O'Flaherty, D. Occupational therapy in Manhattan state hospital. Archives of occupational therapy, December 1923, v. 2, p. 437-39.

Peck, M. W., M.D., and F. L. Wells. On the psycho-sexuality of college graduate men. Mental hygiene, October 1923, v. 7, p. 697-714.

People's league of health lectures. The mind and what we ought to know about it. London, Hodder, 1923. 252 p.

Phillips, J. G. P., M.D. Early treatment of mental disorders; a critical survey of out-patient clinics. The Lancet, October 20, 1923, v. 205, p. 871-74. Also in Journal of mental science, October 1923, v. 69, p. 471-82.

Pike, H. V., M.D. Mental medicine of yesterday, to-day and to-morrow. Atlantic medical journal, October 1923, v. 27, p. 16-19.

Podstata, V. H., M.D. The unusual children clinic (a department of neuropsychiatric clinic) Alameda county (Calif.) Public health news, October 1923, v. 1, p. 2-4.

Pointon, P. F. Mental testing and measurements in State hospitals. Hospital social service, Nov. 1923, v. 8, p. 258-60.

Pollock, H. M. General paralysis in New York State, 1913-1922. State hospital quarterly, November 1923, v. 9, p. 24-31.

Pollock, L. J., M.D. Present situation relative to the care and treatment of nervous and mental diseases in Illinois. Illinois medical journal, September 1923, v. 44, p. 212-17.

Popenoe, Paul. Eugenics in France. Journal of heredity, September 1923, v. 14, p. 275-76.

Porter, W. C., M.D. Influence of the endocrines on growth and development. Military surgeon, October 1923, v. 53, p. 371-88.

Porter, W. C., M.D. Value of tests for intelligence in applicants for enlistment. Military surgeon, September 1923, v. 53, p. 230-40.

Potter, H. W., M.D. Psychology as a factor in the practice of medicine. N. Y., medical journal, October 3, 1923, v. 118, p. 414-16.

Putnam, M. L. Literary club stimulates patients at Allegheny county hospital. Modern hospital, December 1923, v. 21, p. 660.

Ramsay, H. H., M.D. Mental deficiency as a state problem. Medical insurance, September 1923, v. 39, p. 146-49.

Raynor, M. W., M.D. Diagnostic clinic at the Manhattan state hospital. State hospital quarterly, November 1923, v. 9, p. 54-57.

Richardson, W. W., M.D. Rôle of nutrition in the etiology, course and prevention of mental disorders. Atlantic medical journal, Nov. 1923, v. 27, p. 65-68.

Robinson, D. M. O., M.D. Interrelation of venereal diseases and mental affections. U. S. Public health service, Social pathology, v. 1, no. 2, p. 35-46.

Salmon, T. W., M.D. Mind and medicine. Columbia Alumni news, November 2, 1923.

Sandy, W. C., M.D. Mental health clinics. Pennsylvania school journal, November 1923, v. 72, p. 145-46.

Saywell, Evelyn. Psychology of infancy. National health, October, November, 1923, v. 16, p. 112-15, p. 145-48.

Scott, W. A. Occupational therapy in Kalamazoo state hospital. Archives of occupational therapy, December 1923, v. 2, p. 447-52.

Straubenville, Gustave. Adolescent child. Ungraded, December 1923, v. 9, p. 65-69.

Slade, T. K. Our phantastic emotions. London, Kegan, 1923. 179 p.

Smith, Joseph, M.D. Psychoanalysis, its theory and technique. N. Y. medical journal, October 3, 1923, v. 118, p. 404-07.

Smith, W. W. Measurement of emotion. N. Y., Harcourt, 1922. 183 p.

Standard for mental hospitals. The Lancet, September 29, 1923, v. 205, p. 661-62.

Stragnell, Gregory, M.D. Psychology in medicine. Virginia medical monthly, November 1923, v. 51, p. 538-43.

Strickland, J. A., M.D. Discussion of some phases of mental diseases. Virginia medical monthly, September 1923, v. 50, p. 389-93.

Sumwalt, R. L. Modern 1000 bed mental hospital. Modern hospital, October 1923, v. 21, p. 363-67.

Swisher, W. S. Symbolism of Wagner's "Rheingold". Psychoanalytic review, October 1923, v. 10, p. 447-52.

Sylvester-Bradley, C. R. Some aspects of normality: with special reference to the selection of recruits. British medical journal, November 17, 1923, p. 923-26.

Taft, Jessie. Relation of the school to the mental health of the average

child. Mental hygiene, October 1923, v. 7, p. 673-87.

Tartakoff, Samuel, M.D. Community mental hygiene clinic. Boston medical and surgical journal, December 13, 1923, v. 189, p. 972-75.

Terhune, W. B., M.D. Modern trends in juvenile mental hygiene. Education, October 1923, v. 44, p. 65-77.

Thom, D. A., M.D. First leaflet for parents on healthy habits of children. In Massachusetts society for mental hygiene, Bulletin, December 1923.

Thom, D. A., M.D. Medico-legal provision in the state of Massachusetts relative to the mental condition of certain persons held for trial. American journal of psychiatry, October 1923, v. 3, p. 220-24.

Thom, D. A., M.D. Organization and development of mental clinics and community care. Boston medical and surgical journal, December 13, 1923, v. 189, p. 969-72.

Thomas, J. R., M.D. What Louisiana is doing for her insane. New Orleans medical and surgical journal, September 1923, v. 76, p. 148-53.

Thompson, J. C. Psychoanalytic literature. U. S. naval medical bulletin, September 1923, v. 19, p. 281-85.

Thurstone, L. L. What do we measure by the intelligence test? Hygeia, October 1923, v. 1, p. 453-55.

Toops, H. A. Some fancies and facts about human abilities. Ungraded, October 1923, v. 9, p. 1-9 (to be cont.).

Treadway, W. L., M.D. Place of mental hygiene in the schools. Reprint from American journal of public health, November 1923, v. 8, p. 928-37.

Tredgold, A. F., M.D. Misconduct in adolescents. Reprint from Medical press and circular, September 19, 1923.

Vollmer, August. Predelinquency. Journal of criminal law and criminology, August 1923, v. 14, p. 279-83.

Wannamaker, Claudia. Methods of recreational adjustment as a form of social case treatment. Mental hygiene, October 1923, v. 7, p. 734-43.

Wannamaker, Claudia. Problems in recreation at Institute for juvenile research. Institution quarterly, June 1923, v. 14, p. 46-51.

Westerhelweg, Arthur. Mental health of the cripple. Hospital social service, November 1923, v. 8, p. 251-57.

White, W. A., M.D. Message of psychiatry to general medicine. Southern medicine and surgery, 1923.

White, W. A., M.D. Outlines of psychiatry. 9th ed. N. Y., Nervous and mental disease publishing company, 1923. 372 p.

Williams, E. H., M.D., and E. B. Hoag, M.D. Our fear complexes. Indianapolis, Bobbs-Merrill, 1923. 306 p.

Williams, F. E., M.D. Mental attitude and social progress. The Survey, December 15, 1923, v. 51, p. 307-08, 361.

Williams, F. E., M.D. Mental hygiene and childhood, a radio talk. Mental hygiene bulletin, September 1923, v. 1, p. 1-2.

Williams, P. E. Study of the causes for truancy. Ungraded, November 1923, v. 9, p. 35-39.

Williams, W. T. Psychopathic hospital for children. Modern hospital, December 1923, v. 21, p. 573-75.

Wilson, F. Belgian League for mental hygiene, June 28, 1923, v. 1, p. 1225.

Wilson, S. A. K., M.D. Treatment of the neurotic. The Lancet, October 27, 1923, v. 205, p. 945-46.

Wine, M. C. Study of sixteen retarded children. Ungraded, November 1923, v. 9, p. 39-42.

Winslow, C.-E. A. Mental hygiene as a public health problem in Connecticut. Mental hygiene news (Connecticut society for mental hygiene) October 1923, v. 2, p. 1-3.

Wolfe, M. M., M.D. Laurelton state village and Pennsylvania's problem of mental deficiency. Atlantic medical journal, November 1923, v. 27, p. 56-59.

Woods, A. H., M.D. Medico-legal aspects of insanity. National medical journal of China, September 1923, v. 9, p. 203.

Wooley, H. T. Psychology of the pre-school child. Journal of home economics, October 1923, v. 15, p. 531-32.

Yates, D. H. Study of some high school seniors of superior intelligence. Bloomington, Public school publishing company, 1922. 75 p.

Yepsen, L. N. Status of the Training school population. Training school bulletin, September 1923, v. 20, p. 65-71.

Young, K. Mental differences in certain immigrant groups. Eugene, Oregon, University of Oregon press, 1922. 103 p.

Zigler, M. J. Instinct and psychological viewpoint. Psychological review, November 1923, v. 30, p. 447-60,

Zimmer, R. D. Work among defectives. Ungraded, December 1923, v. 9, p. 61-65.

DIRECTORY OF COMMITTEES AND SOCIETIES FOR MENTAL HYGIENE

National Organizations

The National Committee for Mental Hygiene, Inc.

370 Seventh Avenue, New York City

Dr. Frankwood E. Williams, Medical Director

Dr. V. V. Anderson, Director, Division on Prevention of Delinquency

Dr. Thomas H. Haines, Director, Division on Mental Deficiency

Edith M. Furbush, Director, Department of Information and Statistics

Dr. Clarence J. D'Alton, Executive Assistant

Clifford W. Beers, Secretary

The Canadian National Committee for Mental Hygiene

102 College Street, Toronto, Canada
Dr. C. K. Clarke, Medical Director
Dr. C. M. Hincks, Associate Medical Director and Secretary
Dr. Gordon S. Mundie, Associate Medical Director

State Organizations

Alabama Society for Mental Hygiene
Dr. W. D. Partlow, Secretary, Tuscaloosa, Alabama

California Society for Mental Hygiene
Miss Julia George, Secretary
1136 Eddy Street, San Francisco, Cal.

Connecticut Society for Mental Hygiene
Dr. O. G. Wiedman, Medical Director
179 Allyn Street, Hartford, Conn.
Mrs. Helen M. Ireland, Secretary
39 Church Street, New Haven, Conn.

District of Columbia Society for Mental Hygiene
Dr. D. Percy Hickling, Secretary
1304 Rhode Island Avenue, Washington, D. C.

Georgia Society for Mental Hygiene
Burr Blackburn, Secretary
62½ No. Forsythe Street, Atlanta, Ga.

Illinois Society for Mental Hygiene
308 N. Michigan Avenue, Chicago, Ill.
Dr. H. Douglas Singer, Acting Medical Director

Indiana Society for Mental Hygiene
Paul L. Kirby, Secretary
88 Baldwin Block, Indianapolis, Ind.

Iowa Society for Mental Hygiene
(Not yet active.)

Kansas Society for Mental Hygiene
John Stone, Exec. Secretary
Topeka, Kansas

Louisiana Society for Mental Hygiene
Dr. Maud Loeber, Secretary
3501 Prytania Street, New Orleans, La.

Mental Hygiene Society of Maryland
31 So. Calvert Street, Baltimore, Md.
Dr. Chas. B. Thompson, Exec. Secretary

Massachusetts Society for Mental Hygiene
5 Joy Street, Boston, Mass.
Dr. George K. Pratt, Medical Director

Maine Society for Mental Hygiene
In process of organization. Address Dr. F. C. Tyson, Augusta, Maine

Mississippi Society for Mental Hygiene
Dr. J. H. Fox, Secretary
Jackson, Mississippi

Missouri Society for Mental Hygiene
Dr. James F. McFadden, Secretary
Humboldt Building, St. Louis, Mo.

Committee on Mental Hygiene of the New York State Charities Aid Association
105 East 22d Street, New York City
George A. Hastings, Exec. Secretary

North Carolina Society for Mental Hygiene
Dr. Albert Anderson, Secretary
Raleigh, N. C.

Oregon Society for Mental Hygiene
Dr. J. B. Wise, President
Portland, Oregon

Mental Hygiene Division of the Public Charities Association of Pennsylvania
419 South 15th Street, Philadelphia, Pa.
Dr. A. J. Ostheimer, Medical Director

Rhode Island Society for Mental Hygiene
Miss Mary C. Greene, Secretary
Miss Esther F. Greene, Exec. Secretary
118 No. Main Street, Providence, R. I.

Tennessee Society for Mental Hygiene
C. C. Menzler, Secretary
Nashville, Tenn.

Virginia Society for Mental Hygiene
Dr. William F. Drewry
Petersburg, Virginia

Members and Directors

of

THE NATIONAL COMMITTEE FOR MENTAL HYGIENE, INC.

(Directors indicated by asterisks before their names.)

Mrs. Milo M. Acker, Hornell, N. Y.
Jane Addams, Chicago
Dr. Herman M. Adler, Chicago
*Edwin A. Alderman, Charlottesville, Va.
James L. Alexander, Elizabeth, N. J.
Dr. George S. Amsden, Albany.
James R. Angell, New Haven
Harriet Bailey, Bangor, Me.
*Otto T. Bannard, New York
*Dr. Lewellys F. Barker, Baltimore
Dr. Albert M. Barrett, Ann Arbor, Mich.
David P. Barrows, Berkeley, Cal.
Dr. Clara Barrus, Roxbury, N. Y.
Dr. Charles Bernstein, Rome, N. Y.
*Dr. Frank Billings, Chicago
Dr. Robert H. Bishop, Cleveland
Dr. Malcolm A. Bliss, St. Louis
Dr. Rupert Blue, Washington
*Dr. George Blumer, New Haven
Dr. George Alder Blumer, Providence
Dr. Earl D. Bond, Philadelphia
Dr. Eugene D. Bondurant, Mobile, Ala.
Dr. L. Vernon Briggs, Boston
Carl C. Brigham, Princeton
Dr. A. A. Brill, New York
*Dr. Samuel A. Brown, New York
Dr. Sanger Brown, II, New York
Dr. Edward N. Brush, Baltimore
William H. Burnham, Worcester
Nicholas Murray Butler, New York
*Dr. C. Macfie Campbell, Boston
John J. Carty, New York
Dr. Louis Casamajor, New York
Elizabeth M. Chace, Providence
F. Stuart Chapin, Minneapolis
*Russell H. Chittenden, New Haven
Dr. Edmund A. Christian, Pontiac, Mich.
*Dr. L. Pierce Clark, New York
*Dr. William B. Coley, New York
*Dr. Owen Copp, Philadelphia
Dr. George W. Crile, Cleveland
Nelson Cunliff, St. Louis
Dr. Harvey Cushing, Boston
*Dr. Charles L. Dana, New York
*C. B. Davenport, Cold Spring Harbor
Dr. George Donohoe, Cherokee, Iowa
*Stephen P. Duggan, New York
Mrs. William F. Dummer, Chicago
Dr. David L. Edsall, Boston
*Charles W. Eliot, Cambridge
*Dr. Charles P. Emerson, Indianapolis
*Dr. Haven Emerson, New York
Dr. Livingston Farrand, Ithaca
Elizabeth E. Farrell, New York
W. H. P. Faunce, Providence
Katherine S. Felton, San Francisco
*Dr. Walter E. Fernald, Waverley, Mass.
John H. Finley, New York
Dr. J. M. T. Finney, Baltimore
Irving Fisher, New Haven
*Matthew C. Fleming, New York
*Homer Folks, New York
Raymond B. Fosdick, New York
Lee K. Frankel, New York
Dr. Charles H. Frazier, Philadelphia
Francis D. Gallatin, New York
*Dr. Arnold L. Gesell, New Haven
Dr. Bernard Glueck, New York
Dr. J. E. Goldthwait, Boston
Dr. S. S. Goldwater, New York
Dr. Menas S. Gregory, New York
Arthur T. Hadley, New Haven
Melvin Everett Haggerty, Minneapolis
Dr. Arthur S. Hamilton, Minneapolis
Learned Hand, New York
Mrs. E. Henry Harriman, New York
*Dr. C. Floyd Haviland, Albany
Dr. Harley A. Haynes, Lapeer, Mich.
Dr. William Healy, Boston
Dr. Arthur P. Herring, Baltimore
Frederick C. Hicks, Cincinnati
Charles W. Hoffman, Cincinnati
*William J. Hoggson, Greenwich, Conn.
Franklin C. Hoyt, New York
Dr. Frank F. Hutchins, Indianapolis
Surg. Gen. M. W. Ireland, Washington
Henry James, New York
*Dr. Walter B. James, New York
Mrs. Helen Hartley Jenkins, New York
Charles H. Judd, Chicago
Harry Pratt Judson, Chicago
Dr. Charles G. Kerley, New York
Everett Kimball, Northampton, Mass.
*Dr. George H. Kirby, New York
Franklin B. Kirkbride, New York
James H. Kirkland, Nashville
Dr. George M. Kline, Boston
Dr. Augustus S. Knight, Gladstone, N. J.
Dr. Charles I. Lambert, New York
Julia C. Lathrop, Rockford, Ill.

Burdette G. Lewis, Trenton, N. J.
Adolph Lewisohn, New York
Sam A. Lewisohn, New York
Ernest H. Lindley, Lawrence, Kansas
*Samuel McCune Lindsay, New York
Dr. Charles S. Little, Thiells, N. Y.
Dr. William F. Lorenz, Madison, Wis.
Emma O. Lundberg, Washington
Tracy W. McGregor, Detroit
George P. McLean, Simsbury, Conn.
Henry N. MacCracken, Poughkeepsie, N. Y.
Dr. Carlos F. MacDonald, New York
V. Everit Macy, Scarborough, N. Y.
Richard I. Manning, Columbia, S. C.
Marcus M. Marks, New York
Maude E. Miner, New York
Dr. Henry W. Mitchell, Warren, Pa.
Dr. George A. Moleen, Denver
Mrs. William S. Monroe, Chicago
Dwight W. Morrow, Englewood, N. J.
Dr. J. M. Murdoch, Polk, Pa.
J. Prentice Murphy, Philadelphia
Dr. Abraham Myerson, Boston
William A. Neilson, Northampton, Mass.
Dr. Frank P. Norbury, Springfield, Ill.
Dr. Samuel T. Orton, Iowa City
William Church Osborn, New York
Harry V. Osborne, Newark, N. J.
Dr. Herman Ostrander, Kalamazoo, Mich.
Dr. William H. Park, New York
Herbert C. Parsons, Boston
*Dr. Stewart Paton, Princeton
Angelo Patri, New York
Dr. Hugh T. Patrick, Chicago
Dr. Frederick Peterson, New York
Henry Phipps, New York
Gifford Pinchot, Philadelphia
Roscoe Pound, Cambridge
Dr. Morton Prince, Boston
Rodney Procter, New York
Charles McAlpine Pyle, New York
Dr. M. P. Ravenel, Columbia, Mo.
Dr. Mortimer W. Rayner, New York
Rush Rhees, Rochester, N. Y.
Dr. Robert L. Richards, San Francisco, Cal.
Dr. Austen F. Riggs, Stockbridge, Mass.
Dr. Milton J. Rosenau, Boston
Ira C. Rothgerber, Denver
*Dr. Arthur H. Ruggles, Providence
*Mrs. Charles C. Rumsey, Wheatley Hills
*Dr. William L. Russell, White Plains
*Dr. Bernard Sachs, New York
*Dr. Thomas W. Salmon, New York
Dr. William C. Sandy, Harrisburg
Jacob Gould Schurman, Ithaca
Dr. Sidney I. Schwab, St. Louis
Carl E. Seashore, Iowa City
Dr. Frederick C. Shattuck, Boston
Edward W. Sheldon, New York
Dr. H. Douglas Singer, Chicago
Dr. Harry C. Solomon, Boston
Dr. Edith R. Spaulding, New York
Dr. M. Allen Starr, New York
Dr. A. Warren Stearns, Boston
Dr. Henry R. Stedman, Boston
*Anson Phelps Stokes, Lenox, Mass.
Dr. Charles F. Stokes, New York
Graham R. Taylor, New York
Dr. Douglas A. Thom, Boston
Dr. Frederick Tilney, New York
Dr. Walter Timme, New York
Arthur W. Towne, New York
*Howard B. Tuttle, Naugatuck, Conn.
*Victor Morris Tyler, New Haven
Dr. Forrest C. Tyson, Augusta, Me.
*Mrs. William K. Vanderbilt, New York
Henry van Dyke, Princeton
Dr. Henry P. Walcott, Cambridge
Lillian D. Wald, New York
Dr. George L. Wallace, Wrentham, Mass.
Clarence Warden, Philadelphia
*Dr. William H. Welch, Baltimore
*Dr. William A. White, Washington
Dr. Ray Lyman Wilbur, Stanford, Cal.
Dr. Henry Smith Williams, New York
Dr. William H. Wilmer, Washington
Dr. C.-E. A. Winslow, New Haven
Dr. Milton C. Winternitz, New Haven
Arthur Woods, New York
Robert A. Woods, Boston
Mrs. Helen Woolley, Detroit
Howell Wright, Cleveland
*Robert M. Yerkes, Washington
Dr. Edwin G. Zabriskie, New York

MENTAL HYGIENE

VOL. VIII JANUARY, 1924 No. 1

BOOK REVIEW SUPPLEMENT

ANNOUNCEMENT

JOURNALS consist of sections, and the space to be devoted to any one section must of necessity be limited. This frequently is a cause of editorial embarrassment as the material available at times exceeds the space that can be allotted. The increase of activities in the field of mental hygiene, for example, exceeded some time ago the reportorial possibilities of the Notes and Comments section of MENTAL HYGIENE. This situation was met by the establishment of a new monthly publication, the *Mental Hygiene Bulletin.* The limits it has been necessary to place upon the Book Review section of MENTAL HYGIENE has frequently made it difficult to give adequate consideration to the current literature in mental hygiene and closely allied fields that appears in book form. Many books require but a brief notice. On the other hand, certain books that appear during the course of each year deserve careful critical analysis and discussion. In order to make possible the presentation of such critical discussions and the consideration of a larger number of books, the present Book Review Supplement has been planned. We should like to make the supplement an annual publication. This we cannot promise, but if the present experiment proves useful, provision for an annual publication may be found.

A CRITIQUE OF PSYCHOANALYSIS*

A. KARDINER, M.D.
New York City

Dr. John MacCurdy's *Problems in Dynamic Psychology* is for many reasons a book of considerable significance for psychoanalysis in America. It is written by one whose experience in psychiatry has given him a position of authority and who has for years identified himself with psychoanalysis. The work itself is remarkable in that it contains one of the few criticisms of Freud that is based on conscientious study and it is executed with an honesty rarely found in our native critics. The criticisms are for the most part devoid of rhetorical tricks; the author's purpose not being to subvert or prejudice the reader, he uses none of the common devices to that end. We hear no cries of outraged sensibility over the crassness of Freud's views; there is no attempt at humorous, but totally irrelevant analogies; and though the author sometimes deplores Freud's seemingly enormous sins against common sense, he has the discretion not to make the reader feel that the public is a proper forum for the dispute of technical questions. Since these faults have been more or less characteristic of criticisms of psychoanalysis in this country, we have in the very fact of their avoidance something for which to be grateful. The book is likewise remarkable for its original content. The author is singularly free from the predominant tendency of the ''American school of psychopathology'' to construct systems of hurried completeness, in which psychology, neurology, physiology, and chemistry are thrown together into fantastic and uncheckable theories, and through whose burdensome terminology we wade only to find truisms at the end. There is, in short, no ''neurologizing'' and no ''physiologizing''. The author's basis remains throughout a psychological one, and he has that much in common with the Freudian position.

---

* Problems in Dynamic Psychology; A Critique of Psychoanalysis and Suggested Formulations. By John T. MacCurdy, M.D. New York: The Macmillan Company, 1922. 383 p.

But in the constructive portions of the book, he makes such wide departures in approach to material and methodological pursuit, and his conclusions are so remote from his premises, yet woven into a theory of such remarkable seductiveness, that the book deserves the closest scrutiny. It finally represents a remarkable experiment; it is the history of an effort to restate the facts of clinical psychiatry by renouncing some of Freud's most essential data, with what success we shall see.

The author's avowed purpose in writing the book is to take out of psychoanalytic theory what he believes to be durable, to supplement it with other material, and then to recast it into a complete and well-established body of knowledge. The material that he expects to add can hardly be called new; it may be considered an effort to incorporate the theories expounded chiefly by Trotter and Rivers. The result is quite confusing. In so far as the book is intended as a critique of psychoanalysis with suggested formulations, it behooves us to examine whether the criticisms are based upon such understanding of Freud as is consistent with the best practice, whether care has been taken to preserve the Freudian connotations, and finally whether the objections are in themselves internally consistent—whether what is rejected is consistent with what is accepted.

One cannot avoid the impression that in comparison with the loudness of the author's invectives against Freud, his criticisms themselves sound rather thin. They are often itemized, detached, founded at times upon garbled versions of the original, and their significance to the whole subject is never demonstrated. Most of the "inconsistencies" are created by the author's tying of dialectic knots. One is especially irritated at the damaging use he makes of his misunderstandings and by his attempt to obscure real issues by raising irrelevant questions. He objects, for example, that in a discussion of sex Freud has nothing to say about altruism, its origin, development, and influence on other factors of dynamic psychology. This hardly differs from the criticism recently advanced that Freud insufficiently takes into account "environment", because this word occurs only six times in all his works.

One is likewise irritated at MacCurdy's repeated presumptions on the reader's ignorance, and at his frequent use of dogmatic assertions, when he feels that his dialectic has failed. Moreover, when he attempts, in lieu of a rejected explanation, to substitute one of his own, the effect is exceedingly feeble. For one who complains so bitterly of Freud's anthropomorphism and weakness as a logician, the author himself is guilty of some pretty loose reasoning and not a few inconsistencies of methodological approach to material. He accepts for constructive purposes material so questionable and so isolated from the experiential point of view, and so weak from the logical, that we cannot but feel that he has overstated his claim. One feels a hurried and breathless quality about the book, as if one were being argued and urged to certain conclusions and beliefs rather than quietly convinced.

Let us examine first his criticism of the theory of narcissism. In the first place, it should be stated that neither the concept nor the term narcissism was originated by Freud. The term was first used by P. Näcke and H. Ellis independently, to describe a perversion in which the individual treats his own body as a sexual object and is indeed in love with himself. MacCurdy objects to its use by Freud on the ground that it was introduced into psychoanalysis, not for essential reasons, but for logical ones merely, since it allows one to "pan-sexualize human psychology". He objects chiefly to the concept of "ego libido", fully accepting that of auto-erotism. He makes it clear that auto-erotism can go on without any consciousness of self, and before the time when the self becomes clearly differentiated from the mass of internal and external stimuli that strike the larval consciousness of the infant. However, if they manifest themselves after this "self" is differentiated from the environment, they still have an "independent existence". (This we take to mean that they are motivated by the ego, but are in no way attached to it.) In other words, auto-erotism never acquires a psychic superstructure. Why, then, should we regard auto-erotic activities as efforts to gratify libido, and whence, once self-consciousness is established, does the urge for repeating them come? The self, which registers these pleasurable stimuli, never gets to realize that its body is a source of pleasure, and to esteem it accordingly, but it may do so in the case of some outside object. "When we say that the object of the libido is the body of the subject, that is auto-erotism. The libido become narcissistic when it is occupied with the worship and affection of the subject's own personality. But this personality to which the narcissist is attached is probably his 'ego ideal', and since the ego ideal is a social product, it implies object love."

This argument has the following implications: that the development of self-consciousness makes no change in the character and goal of activities which were prior to that time autoerotic; that while it can take external objects and esteem them for their pleasure-giving qualities, it can never have the same regard for itself as a source of pleasure; and that the qualities of narcissistic libido must be derived from the characteristics of the personality as it is viewed by the subject himself. The latter statement would of course be true and valid if we did not accept the hypothesis of unconscious mentation. If ego libido were a fact, is there any convention of speech or thought that could express it? If it is not a conventional idea, why look for its manifestation in what the subject says? Why make a special case of the perversion of narcissism, where the self-love is expressed, and why are not the rudiments to be found in all? Why, if in a case of manifest narcissism there are autoerotic practices, should they be thrown out of the picture, on the basis of a belief that they may have an "independent existence"? The facts must evidently be made to fit the theory. The first two implications will be considered presently.

Not only is the theory of narcissism untenable, but the clinical observations intended to confirm it are wrong, according to MacCurdy. The following argument is one that does no credit to the author and demonstrates the damaging use he makes of his fallacious reasoning. Freud postulates a withdrawal of libido from the outer world in dementia praecox, and a turning of this libido on to the ego, manifesting itself in the delusion of grandeur. A withdrawal of libido also takes place during sleep; hence we should expect during sleep to have frequent dreams of grandeur. The implication is that since this does not occur, the observation concerning praecox patients must be wrong. This is something of a travesty; but the fact does remain that in the dream the ego is represented as successful, though it be not dressed up in the trappings of royalty. In that sense we do have frequent dreams of grandeur in that our purposes are carried out, and the ego is victorious. MacCurdy then represents Freud as speaking of the transformation of object libido into ego libido, not as a change of goal brought about by a regression. Again, the apathy of the praecox patient cannot result from withdrawal of libido, because ''narcissism implies contact with the world, and what breaks contact with the world cannot be narcissism''.

The real explanation of these phenomena is, according to MacCurdy, to be found in the following considerations: The apathy of the dementia-praecox patient is merely the manifestation of a most universal phenomenon of nature, a change from activity to inactivity. ''The amœba who withdraws its pseudopodia is not lost in admiration of his greatness; he is simply taking a nap. Psychologically, the process is identical with introversion, and introversion can account equally well for the symptoms of dementia praecox. Biologically considered, this resting phase is an adaptation related to self-preservation; it should, therefore, in Freud's nomenclature be classified as a reaction of egoism rather than narcissism.'' Well, really! We defer criticism. From all this it is apparent that the transformation of object libido into ego libido is untenable. Furthermore, ''Freud has indicated that repression is strong in dementia praecox, but repression being an exclusion from consciousness of libidinous ideas repulsive to the ego ideal, there is no condition in which repression is so 'weak' as in dementia praecox. Clinical experience shows that the attention of the praecox is fixed on fantasies, and it is only the nature of these thoughts that can give us any real evidence as to the goal and type of the libido.'' We must evidently take the praecox patient at his word; if his libido were really on himself, he should so declare it. We wonder what interpretation the author would give the fantasy occasionally found in praecox patients, to the effect that they are having intercourse with themselves; or how he would explain the delusion of a paraphrenic doctor who insisted that heterosexual relations were quite unnecessary for propagation—that both males and females could fertilize themselves. These would probably have to be made special cases. He persists in talking about auto-erotism in "pure" form, and feels that cases that show truly narcissistic features are "arrested cases", whatever that may mean. What factors determine the process of introversion, the reader is left to guess. The author gets out of the problem of how to retain the concept of auto-erotism without that of narcissism by including the connotation of the latter in the former, and then denying the existence of the latter. And in so doing he has failed to grasp the Freudian interpretation of auto-erotism. The concept of narcissism in MacCurdy's formulations is crowded partly into that of ego reaction, partly into that of auto-erotism.

Further on the author tells us that true hypochondria does not occur in patients suffering from dementia praecox; when it does occur, it is probably a coincidence and has no more to do with the essential disease than when it exists in conjunction with a compulsion neurosis. He is likewise skeptical as to the rectum's being the organ with a passive-masochistic goal. The absurd remarks of the praecox patient are due to his diminished regard for reality. "A psychoneurotic giving a series of free associations to the word 'stick' may produce a series of ideas between which a logical connection is discernible. The dementia-praecox patient, however, is apt to go directly to the latent phallic idea; in fact he is apt to make such a statement as 'a stick is a penis'. His regard for reality is so slight that he can use the words 'stick', 'penis', or 'sword' interchangeably. In this way delusions appear, or if the thoughts be sufficiently vivid, they are hallucinated." We are finally told that the seclusiveness of the dementia-praecox patient is an evidence of a constitutionally weak "herd instinct". Though we take the author at his word that these are only "suggested formulations", what do they teach us about the psychogenesis of dementia praecox, and is there any consistency of approach to all these deductions about the disease? Is there, moreover, any connection between all these explanations? What has the biological "rest period" to do with the obstinate "disregard for reality" and the weakness of the "herd instinct"? Each of these characteristics is ascribed on the basis of some analogy, but we fail to get even a hint of any dynamic process within the patient himself to account for the phenomena of the disease process. And although MacCurdy states that in the productions of the insane the central theme or plot is some version of the Œdipus complex, its place in his system is formal and perfunctory.

We fail, moreover, to see how he can accept what he does of Ferenczi's description of the development of the sense of reality and Burrow's primary subjective phase, and yet reject the theory of narcissism as unproved. Although Ferenczi's ideas stand only in the relation of a corollary to the theory, it is an essential one. One of MacCurdy's criticisms of Ferenczi is thoroughly sound: his interpretation of the "mother-body" fantasy as an "elaboration, in works of imagination, dreams, and delusions, of knowledge gained after the stage of development to which they are assigned in the final production" is highly probable. But his acceptance of Burrow's primary subjective phase is paradoxical. Let us see how he explains unconscious homosexuality: "This is merely an extension into adult life of the primary identification [with the mother in her solicitude for himself], and a psychoneurosis is merely a state of heightened subjectivity. The neurotic is dominated by this primary identification, and unconscious homosexuality is incidental to a neurosis." He holds that such consciousness as the child does enjoy at first is in the form of unity with his mother; hence his first efforts at objectivation follow the line of the mother's solicitude to himself, and he regards his own body as a love object, just as does his mother. With weaning, he is thrown back on himself, and his body becomes the insistent object of his interest. We must still believe that this is not love of himself, his own body being the object; rather he is enacting the part of his mother. That this is a possible mechanism there is no doubt, but it would begin to operate at a period when the ego is sufficiently defined to identify itself with the mother, and not at a time when, as MacCurdy constantly insists, the self does not exist in a form sufficiently concrete to make it a possible object. This is an anthropomorphic argument, but evidently a sin only when Freud is the guilty one. Throughout the book we hear much about this anthropomorphism. This is a very long word and it means simply this: when you see a man laugh and you draw the conclusion that he is amused, you are guilty of anthropomorphism.

It is a type of reasoning based on the premise that there is a community of experience on which you can assign similar effects to similar causes, and is in fact a projection of one's own consciousness on to some one else. Naturally this method is likely to be fallacious where this premise is falsely assumed, as, for example, if you attribute anger to a tree because one of its branches falls and strikes you (animism), or when, upon the basis of your own experience, you draw conclusions about those who are living under a different convention or in a different stage of development, as in the case of animals, children, or primitive people.

All these facts with regard to the development of the sense of reality and narcissism can be correlated in the following manner, on the basis of data gathered by observation of children and the insane. The child is born with a certain capacity to appreciate stimuli and with a limited number of responses resident within its very anatomical structure. Some of these have already functioned *in utero,* such as fetal movements; others are initiated immediately after birth—*i.e.,* breathing and the nutritive and excretory functions. As yet there is no consciousness; and it is not unlikely that at first the child reacts only to stimuli that disturb a state of equilibrium which may be designated as rest. These stimuli may be endogenous or exogenous, and their constant recurrence, followed by the restoration of the state of rest or satisfaction, gives the infant the first appreciation of quality, pain or pleasure. A certain group of stimuli are likely to be more persistent and regular in their recurrence, and these are connected with the oral, anal, and genital zones, and it is at these sites that pleasure is first recognized. Whatever pleasure is associated with the functions connected with these zones we call auto-erotic.

From the conative side, the child does not as yet recognize itself as an entity apart from anything in its environment; in other words, its ego is as yet limitless. When it begins to appreciate that there are objects separated from itself by space, the self of the child begins to acquire definite limitations, and with it the consciousness of a constant and unchangeable unity. This larval consciousness cannot at first consist of more than the organization of painful and pleasurable qualities, and the first problem of adaptation begins to be the differentiation of endogenous from exogenous stimuli, the demarcation of the self from the not-self, so to speak. While it appears to the individual with a fully developed consciousness a self-evident or immanent fact that the various parts of the body are integral parts of the body, this must be the result of a long synthesis. It is likely that when the infant is first able to appreciate objects as such, it regards its own members as parts of the outside world. The knowledge that its hand is a part of its own self is created only by a series of integrations, tactile and muscular, and an appreciation of movement or motion. Moreover, it is likely that the infant is able to appreciate itself as an entity sooner than it can any other object in its environment—its bedclothes, or its mother, say. The experiences that were at first auto-erotic are not discontinued after the ego or self is relatively demarcated from the environment, but are continued in a higher form of organization. The addition of a primitive self-consciousness gives the auto-erotic experiences a psychic counterpart, and it is the latter that is now called narcissism.

This primitive narcissism represents, therefore, not only a libido position, but a position that is in accordance with the development of the intellect. True object relationship is possible only with a far more accurate appreciation of reality than the child at first has. The development of the libido and of the intellect, therefore, run parallel with each other; and it is a fact, although the dynamics thereof are not fully known, that a regression of the libido to this stage is likely to drag the intellect back with it. It is by means of these facts that we are able to interpret some of the phenomena in the psychoses. Why does it become necessary to posit that a dementia-praecox patient who complains that all her thoughts are known, and that she knows every one else's thoughts, is suffering from an atavistic regression to the period when herd thinking was dominant, when there is a stage in the ontogenesis of the individual in which the intellect does not appreciate the limits of the ego and in which all thought is as of one mind? Let us consider the child of six months which is made uncomfortable by the feeling of hunger. It cries—something is done that appeases its appetite. The child has a certain right to feel that all its thoughts are known to those about it. A little later the child says "water" or makes some articulation which the mother recognizes, and lo! water appears. This is truly a stage when the child exerts magic influence on the environment. But at the age of two, let us say, mother orders it to get the water itself. Why, after this reasoning, may not the *cerea flexibilitas* of the catatonic be a regression to that stage in which the individual regards his various members as having an autonomous existence and not as parts of his own body?

The position that MacCurdy takes with regard to the perversion of narcissism and auto-erotism is paradoxical. The fact that such a perversion existed was recognized long before Freud. If the author accepts the idea that the perversion is the special development of one of the partial impulses in pure culture, then he must accept narcissism as a normal component of sexuality. Furthermore, if he does not accept this, he will have a hard time explaining auto-erotism. If he assumes that the form of auto-erotism that he calls "pure" is completely detached from the ego, he is assuming something that is logically impossible. If it is accompanied by fantasies in which objects are involved, then it can no longer be called pure; if no fantasies, conscious or unconscious, accompany it, the goal must be contained within itself.

The theory of narcissism is not a merely logical necessity in the Freudian system; it is more than a mere explanation of phenomena in connection with the psychoses; it offers a truly dynamic record of psychic events that are causally related. The brief narrative of a case might illustrate. The patient, a prosperous young man of thirty, befriends a helpless relative. The relationship grows into a friendship, which terminates in the patient's sharing his business and his mistresses with his protégé. Owing to an accident, the patient is falsely accused of murder and has to flee the country. He travels to another country, becomes intimate with another woman, has several children by her, and then develops a delusion of jealousy concerning her. He suspects that she is secretly living with the son of his employer. His mistress has him arrested on the charge of murder, for she knows his secret and would avenge herself upon him for leaving her. The patient spends several years in prison awaiting trial. While in prison, he develops some vague gastric symptoms. After he is freed, these become obsessive with him. At first he treats himself with medicines, cathartics, and finally enemata. The latter treatment is pursued to such excess that it weakens the patient. He decides to seek medical help. Then follow clinics and doctor daily, rectal examinations, proctoscopies, and finally, getting no relief, the patient comes to the conclusion that he has a tumor or growth of some kind, and insists on being operated upon. The operation proves that there is no pathological condition. The old practices continue. In the meanwhile the patient has had severe reverses in business; he comes to the conclusion that all this trouble is directed by some one, and that this is none other than his one-time friend and protégé. He brings legal action against his friend, and is committed. After release, he develops the delusion that there is a powerful oder emanating from his rectum, that he is a public nuisance, and that he attracts universal attention; he, therefore, shuns all people and public places. Finally he threatens to kill any one who makes any reference to his odor, and to kill his doctors for refusing to operate upon him, to cut out part of his redundant gut or invaginated rectum, as he calls it. It is essential to mention that after his prison life, there was no resumption of any form of heterosexual relationship.

This case shows in particular that the regression is not a sudden and unrelated phenomenon, but that it depends upon a mutual relationship between environmental factors and predisposition or fixation. When we first see the patient, he is well adapted, with his homosexuality fairly well sublimated. He suffers two shocking experiences at the hands of women, both of which jeopardize his life. The last exposes him to the destructive influence of prison life. In one disposed as he is, they are sufficient to account for the motive of regression. The first symptom that appears, and the only one that the patient regards as his illness proper, is his hypochondria. This is concentrated entirely on the anal zone. The activities directed toward the relief of pain—the enemata, and the like—must have a pleasure concealed in them, as their persistence is far beyond reason. He then makes others do the same thing to him—insists upon digital examinations and proctoscopies. The most expert advice does not convince him that there is nothing wrong. On top of this symptom he develops a delusion of reference. The patient now pursues none of his former habits with women and is apparently without erotic outlet. The hypochondria represents the auto-erotic phase of the disease, and the persistent visits to doctors an attempt at object relationship; that is, for this revived erogenicity of the anal zone, he seeks gratification through others. And finally this is the zone by means of which he wishes to attract others to him, but in his delusion it is characteristically projected—he now repels instead of attracting people.

As regards the homosexual component, we find it first quite sublimated, but no plausible motive existed for all his beneficence to his protégé. It is reasonable to assume, therefore, that he was quite fond of him. This very protégé later becomes arch-persecutor, and gradually more and more people become involved in the plot. This is no mere coincidence. It all takes place at a time when the patient wished help from his protégé, but refused to ask for it. Their positions had become reversed; and in the passive or subservient position, the patient developed the delusion.

All the aspects of this case cannot be entered into here; a history of it will shortly be published with a discussion of all the issues involved. But sufficient material has been given to show that in this man's illness we are not dealing with a disconnected series of events; it all hinges upon a problem of adaptation. Being driven from one position with regard to women, though the evidence was that he was never very securely intrenched there, he regresses to a lower libido position in which the anal zone is active, and his psychosis represents his efforts to gratify it, first auto-erotically and then, repeating the original development, by investing this regained erogenicity with suitable objects. The libido that he formerly used in heterosexuality and in sublimated forms of homosexuality are now used to charge an auto-erotic zone. From this position an attempt at restitution is undertaken afresh by means of a transference neurosis, but the transference is on an infantile level on the basis of projection. The hypochondria represents, therefore, the auto-erotic phase of the disease; the delusion, and its two sets of projection mechanisms, a passive homosexual goal, and therefore the healing process of the disease. The final fantasy that is expressed in the delusions is not very different from that found in a psychoneurosis. It differs in that the fixation point is lower in the biological scale, and in some of the specific mechanisms employed, which are also more archaic and correspond to that stage in the development of the intellect which accompanied the narcissistic phase of the libido.

The "insanity" is, therefore, produced by the efforts of the patient to bring regressive demands together with archaic methods of thinking into logical relation with the world. The disease process is always found mixed up with the remnants of the normal personality; and in every case are found the disease process, the efforts at restitution, and the normal personality.

Let us now consider MacCurdy's discussion of the emotions and the instincts. First, he objects to Freud's postulate that the mind is regulated by the pain-pleasure principle, and maintains that Freud has fabricated a physiology of reflexes on which to base his instinct theory, and that he has completely excluded intelligence as a factor in evolution. Now Freud has nowhere stated that the only function that a reflex can serve is a purposeful one, to the extent that its use is exclusively to avoid stimuli or abolish their effects. Freud does state that the reflex may be purposeful. As regards the pleasure principle, it is accepted merely as a pragmatic principle; it has never been stated as an irrevocable or all-inclusive law; its acceptance is merely part of the demonstrative proof of the truth of psychoanalysis. The pleasure principle is merely the name of a frequently occurring and predominant direction of psychic processes. The actual force that releases this process may not be subservient to this principle at all. The pleasure principle is thus the name of a secondary process. The author is evidently not aware of the fact that Freud has attempted to define even more elementary processes, one of which he calls the repetition compulsion (*Wiederholungszwang*).[1] The author does not tell us what the real objection to the pleasure principle is, except that it is hedonistic. The current ethical connotation attached to this word is enough to condemn anything thus designated, without further scrutiny.

---

[1] See *Beyond the Pleasure Principle.* By Sigmund Freud, M.D. London: Allen, 1922.

In his discussion of anxiety, MacCurdy persistently represents Freud as maintaining that the libido turns into fear. Now this to the general reader must sound ridiculous enough, for it cannot be otherwise interpreted, according to the representation, except as the transmutation or actual change of one emotion into another. Freud has never expounded any such alchemy of the emotions. The following case history will show what he means: A young man of twenty-five came for analysis because of vague psychasthenic symptoms, fatigability, indecision, and several other minor complaints. He had no phobias and had never suffered from any anxiety states. He proceeded with the analysis, and told a rather commonplace story. About a month after the analysis was begun, the patient saw an epileptic in a seizure on the street. He was immediately taken with the fear that the same thing might happen to him. This symptom grew to be obsessive and violent. Strangely enough, he did not complain, as the situation might have warranted, that analysis had precipitated a violent neurosis, but insisted upon continuing the treatment.

The actual facts of the case were these, and they were not revealed until many weeks after the phobia had made its initial appearance. The patient had, ever since adolescence, been addicted to masturbation, and when he entered analysis, had decided that the practice would have to stop, as it "would never do" to tell the analyst that he was still addicted to it. Consciously, he had very little conflict about the practice; but once he stopped it abruptly, a completely dissociated symptom arose, in which the patient feared that something, which in his mind was associated with great horror, would overtake him. We see, therefore, that he surrendered a practice that gratified him, and no sooner did he do so than a violent fear seized him. This is not an isolated case, but typical in all respects. There is no logical connection between these events—the surrender of masturbation and the phobia—but they illustrate just what Freud means when he talks about repressed libido generating anxiety. We will not stop to give the mechanism of the phobia; it was in all respects typical. This mechanism has been explained in a masterful way in Freud's analysis of the phobia of little Hans. We will, however, let MacCurdy explain the appearance of anxiety under these circumstances. The appearance of anxiety ''is perhaps to be accounted for on the basis of the projection mechanism, which is the commonest unconscious escape from the impasse. Libidinous satisfaction not being gained by the direct efforts of the subject, the lack is made good by fantasies of others taking the initiative. These aggressions are readily symbolized by general bodily, instead of frankly sexual attacks, and fear develops as a response to these active unconscious (or co-conscious) fantasies of what would be actual dangers if enacted in real life. There is ample objective evidence of this to be found in the psychoses, and inferences (in my experience) from the analysis of neurotic patients support this view.'' This is the only explanation offered, and it does not strike us as very enlightening.

MacCurdy finds one of the great ''inconsistencies'' of Freud in the fact that the latter admits that normal or rational fear in the presence of real danger is an expression of the ego's instinct of self-preservation. MacCurdy forgets, of course, to mention that Freud has clearly in mind the differences between rational fear and neurotic fear. It is a fact that the non-satisfaction of hunger or thirst do not manifest themselves by a fear of epilepsy. Real dangers to the ego do not manifest themselves in phobias entirely dissociated from their apparent provoking cause. Where is the inconsistency, since they represent two distinct problems? The affect to real danger is conceded to be appropriate to the stimulus and directly connected with the cause by universal convention. With a phobia this is not the case. It is conceded by Freud that dangers to the ego's self may generate fear, as in the case of the war neuroses or the traumatic neuroses; but their mechanism differs essentially from the genesis of fear through a damming of object libido. A very complete discussion of this can be found in *Beyond the Pleasure Principle*,[1] now available in an English translation. The question as to whether the fear in a phobia—fear of epilepsy, say—is a real fear, that is a question of fact; there is no debate possible; one must either accept the patient's word or not.

We quote the following passage in order to demonstrate by what process these so-called inconsistencies arise; they are simply of MacCurdy's own making. He says (pp. 86-87): "Freud claims that libido manufactures fear when it is denied outlet, but he does not explain how this happens in the presence of actual danger. We might assume, perhaps, that he thinks the ego sees the narcissistic object threatened, but even this comes back to a fundamental ego fear reaction. It seems impossible to get away from the otherwise universally admitted view that the emotion of fear is a reaction connected with the instinct of self-preservation. The problem becomes more intricate if an attempt be made to apply the hypothesis to neurotic fear. Freud has already said that the relationship to real fear is established by assuming that the ego regards the libido (object libido) as a danger. The ego libido would then supply the fear—how? The narcissistic object cannot be threatened because the offending object libido is regressive and weakened rather than aggressive. If, however, we imagine (which Freud never suggests) that this cutting off of object libido from real application leads it to attack the ego libido (a terribly anthropomorphic formulation), then we are confronted with the old dilemma of libido being antagonistic to libido. For ego libido to be inimical to object libido, it must have changed its essential nature when it was derived from the latter (the view of libido being merely 'energy' being repudiated by Freud). If it be different, the difference must lie in its combination with ego interests. If it be not different (the difference being inherent only in the object—*i.e.*, self or outer world), then libido is not specific in its nature, but a general source of energy, as assumed by Jung. So again we return to the same conclusion that to get fear, the instinct of self-preservation must operate. Freud's attempt to pansexualize emotions fails."

---

[1] See note 1, page 238.

We find this passage utterly unintelligible. But if the question is how and in what way neurotic fear can be correlated with rational fear, the following passage from Freud[1] will help dissolve the apparent inconsistency: "We have said that the relation between fear and libido, which in other respects seem clearly defined, does not fit in with the assumption that in the face of real danger fear should become the expression of the instinct of self-preservation. This, however, can hardly be doubted. But suppose the emotion of fear is not contested by the egoistic ego impulse, but rather by the ego libido? The condition of fear is in all cases purposeless, and its lack of purpose is obvious when it reaches a higher level. It then disturbs the action, be it flight or defense, which alone is purposeful, and which serves the end of self-preservation. If we accredit the emotional component to the ego libido, and the accompanying activity to the egoistic instinct of self-preservation, we have overcome every difficulty.'' Freud sharply separates the emotion and the activity in connection with the situation of danger. In such a moment libido, otherwise distributed on objects, becomes added on to the narcissistic libido, and it is this excess which is now perceived as fear. The two phases need not even be synchronous. A man who escapes a serious accident, in which only dexterity and ingenuity saved him, becomes fearful long after he has reached a position of safety. We fail to see the point of MacCurdy's dialectic. First he throws out the concept of ego libido, then he challenges Freud to explain rational fear according to the libido theory minus the theory of narcissism. This is not exactly fair.

---

[1] *General Introduction to Psychoanalysis.* By Sigmund Freud, M.D. New York: Boni and Liveright, 1922. p. 371.

The author tells us that ''for the past ten years he has been dissatisfied with the exclusive importance placed by Freud on the sexual as an explanation of psychopathological phenomena''. Of course we do not know how generally this statement will be regarded as sufficient evidence for the need of a ''broader'' basis. In his own presentation of the subject, he intends to include the ego instincts (a statement calculated to give the reader the impression that Freud never considers the ego instincts), the sexual instincts, and the herd instincts. His reason for including the ego instincts is the fact that egoism is frequently made use of in pathological conditions and hence the ego instincts must be responsible for the psychogenesis of this group of traits. As regards the herd instincts, MacCurdy claims that he ''could not account for repression without invoking the coöperation of some social force more potent than the intellectual recognition of convention and expedient compliance with its dictates'', this social force being the herd instinct.

We need proceed no further to perceive that the author is poorly oriented from the methodological approach and that he has failed to grasp the meaning of repression as Freud has described it. We see him invoking the word "instinct" to cover a group of tendencies whose purpose he interprets on the basis of behavior, and whose limitations as instincts he does not sharply demarcate from acquired or intelligent appendages. It is only by making the word instinct cover a vast number of divisible parts that he gets into the position where he can state that "the ego is that about which the ego reactions center, and the latter constitute the behavior of an organism placed in a purely hostile or indifferent environment". This is a purely academic and descriptive stand. It is, furthermore, a relic of obscurantism. He tells us, moreover, that instincts are phenomena that have the following attributes—they are unreflective, non-discriminative, immediate and uncontrolled in operation, ineradicable, and affective. It follows that any act into which these characteristics can be read must be instinctive. Some of these attributes describe the act itself; others refer to the changes it effects in the organism. This attitude MacCurdy maintains throughout; some of the characteristics of instinct are described from the point of view of what one can see, others of what the individual feels in conjunction with the activity.

MacCurdy states further that one can arrange a kind of hierarchy in the evolution of instinct: (1) the simple primitive reflex, in which no mental elements are discernible; (2) the conditioned reflex, in which there is a physiological component; (3) true instinctive reactions, which are best described both on the afferent and efferent sides by the employment of physiological terminology; and finally (4) instinct motivations, in the construction of which appear ideation and, in fact, the highest type of intellectual operations. As long as the instinct motivation remains a motivation and does not become (as it may in emergencies) an instinct reaction, there is no physiological element discernible. This sketch of the evolution of instinct can be considered from many angles; there is only one at which we shall pause. In all the first three classes, there is assumed a definite connection between the instinct and some somatic source; whereas in the last, instinct motivation, the somatic connection is apparently lost, though eventually some somatic root may be demonstrable. This latter consideration we must bear carefully in mind when we consider MacCurdy's exposition of the herd instincts. We can now anticipate the question, these being true instincts, what were or are their somatic roots?

He proceeds to tell us that it is highly probable that a number of instincts coöperate in directing the motive power of a constellation. Disease consists of the destruction of more recent evolutionary developments, and hence mental disease should show us a wider range of atavistic instincts in operation than one sees in normal people. Therefore, it is unthinkable that one group of instincts could be responsible for all psychopathological reactions. Hence we should adopt some middle ground between the extremes of too many instincts and too few. His procedure is, therefore, to study the ego, herd, and sex instincts as hypothetically separate entities; to study their reactions when relatively independent or dominant; and then to trace their workings in combination.

This is a very arbitrary kind of program. The author assumes that these instincts exist as entities, and he proposes to select material purposing to prove that they do. What criteria we shall establish to determine whether or not a given phenomenon is a manifestation of one or another or of a combination of them, we are not told. The connection between the behavior and the instinct from which it is supposed to spring is in every instance quite arbitrary. And so he begs the question. Whatever may be said of Freud's conclusions, he has remained consistent throughout in his methodological approach. He has, first of all, come to no conclusions about instinct except through the products of its activity in thought, emotion, and conduct as viewed from within the patient. In other words, Freud has availed himself of the opportunity to study the manifestations of instinct from the inside, so to speak. His conclusions have, perhaps, the limitations that may be incidental to the fact that the human is his only source of material. Freud has, moreover, tended to limit the connotation of instinct to that of an endogenous stimulus with some somatic source. From this point of view, he can remain analytical throughout.

Let us consider for a moment the evidence from which the behaviorist deduces that a given act is instinctive. He observes the behavior of an animal that is accustomed to live in groups and notes no special features about his conduct. He takes this very animal out of the group, isolates him, and notes that the animal begins to show signs of discomfort. He places him back again with the group and notes that the animal shows evident signs of gratification. This is a demonstration of the herd instinct. To a certain extent the conclusion is justifiable. However, the observer does not teach us the limits of the instinct and gives no intimation as to how much of this is acquired, on the one hand, or intelligent on the other.

Let us see how MacCurdy's approach works out in the case of the ego instincts. "The ego", he defines, "is that about which the ego reactions center and the latter constitute the behavior of an organism placed in a purely hostile or indifferent environment." The environment is here defined by such widely differing qualities that it almost loses all differential value. The statement also leaves the inference open that the ego is not the center of the sex or the herd instincts. "The ego views the environment as something to be subjugated for the indulgence of its appetites. The suckling child approximates this picture. After the 'ego' is subjectively perceived as a unity, the ego instincts are engaged in providing or preventing consciously conceived pleasures and pains." He does not describe to us the dynamics of how the ego ideal comes into existence—it appears abruptly; the child simply builds up an ideal of what it would like to be and how it would like to be regarded by others. This ego ideal is the vortex about which are centered the activities that may now safely be called instinct motivations.

According to MacCurdy, there are five general directions in which these ego-instinct motivations move: (1) a survival of the original body-pleasure phase, consisting of a desire for food and drink, for creature comforts and bodily sensations that may take the form of caresses (the latter being considered entities that may exist without love); (2) intellectual curiosity and desire for new experience (these are instinctive because there can be no question about it); (3) lust for power and for exhibiting it, both in crude physical form or in intellectual operations; (4) lust for recognition; (5) desire for security.

The latter tends to appear only when the ego is threatened. The ego idea, which yields to expediency, incorporates the standards approved by the group.

From this MacCurdy leads us to a consideration of the character of the egoist. It is hard to see how a description of the type of character in whom egocentric tendencies predominate constitutes a demonstration of the operation of the ego instincts. At any rate MacCurdy says that there is considerable clinical support for the belief that the ego instincts operate as above outlined, because in certain pathological conditions these reactions tend to appear in "pure form". Epilepsy is one of these, and we are introduced to a very excellent description of the epileptic character. In addition he mentions some other traits, such as absence of repression, violence in emotions, and the tendency of the epileptic to respond regressively with apathy and deterioration or unconsciousness to a thwarting of egocentric ambitions. As to the psychology proper of epilepsy, we are left to infer that the epileptic's ego instincts are strong or well developed, and that the others are either weak or in abeyance. But, MacCurdy proceeds, the kind of situation that disturbs the epileptic may excite ego reactions in more normal people. The normal individual in war, where duty comes into conflict with the desire for safety, shows marked ego reactions. These are mainly states of fear. We must conclude from this that the normal individual's ego instincts, when excited into activity, give rise to fear or some other dissociated symptoms, while in the epileptic they have a different effect. The relevancy of all this is very dubious, and we wonder why a mere quantitative increase in the size, so to speak, of the ego instincts should cause such varied responses.

Ego reactions, according to the author, become pathological only under certain conditions: (1) in situations that involve a direct threat to the individual (war neurosis); (2) under the operation of external or internal factors that lead to the unwonted, disproportionate prominence of ego motivations (as in the case of the epileptic and the criminal).

The "inferiority complex" is another pathological form of ego reaction. Early in life the child feels inferior and compensates by fantasies of might and wisdom. But the time comes when fantasies must be surrendered. The individual is, therefore, inferior in comparison with his own ego ideal. We do not wish to enter into a discussion of this question at this point. We wish merely to indicate that if MacCurdy's statement is true that the basis of the feeling of inferiority is an actual knowledge of being inferior to a real object or to the ego ideal, then every hod-carrier should be afflicted with a feeling of inferiority and every child should be overcome with a feeling of its own insignificance. The inferiority of the child is an excellent example of a ''terribly anthropomorphic'' deduction. The inferiority of the child is always superimposed upon a primary narcissism. The deduction of inferiority of the child is, moreover, a question of fact. The author's explanation of the feeling of inferiority would be correct if one sought no further than the patient's own plausible explanation thereof on the basis of common sense. It occurs to us to ask why the feeling of guilt, for example, should not contribute to this sense of inferiority.

The sex instinct, MacCurdy holds, is not a pure function. It subserves both ego pleasure and propagation and on that account it is not ''pure'', but a compound. Auto-erotism serves the purpose of establishing the pleasure element essential to sex, and because of its sexual potentiality is repressed. When the child learns to differentiate between animate and inanimate objects, it selects the parent of the opposite sex as a love object. The boy who wishes to displace his father does so without having any notion of the sexual implications of possessing his mother. As regards narcissism, MacCurdy continues to treat it by omitting the concept of ego libido. ''The narcissist is one who loves himself. This does not necessarily mean his body, although masturbation is frequently an expression of love. The affection is for himself as a personality.'' (We can only trust that his unconscious keeps this distinction very clearly in mind.)

The discussion of the herd instincts interests us more keenly. Herd life, MacCurdy maintains, is found only in certain species or genera. It is highly modifiable in reaction type, because ''herd instinct'' has no meaning unless associated with herd life. One's herd reactions are essentially connected with reactions of the group, while the motivations by which the other instincts are expressed are much more fixed and rigid. Herd-instinct motivations are not personally elaborated by the individual, but by the group, after which they are adopted by the individual.

We are spared any demonstration of the need of the concept of a ''herd instinct''; its existence is assumed and MacCurdy then proceeds to demonstrate its manifestations. He follows Trotter in assuming that the herd instinct operates when a man is thinking or living alone as well as when he is one of a mob. The uncritical acceptance of common views and habits is evidence of a special instinct designed for that purpose. MacCurdy finds a parallelism between the refinement of civilization, with its greater latitude for individual intelligence, and a weakening of the herd instinct. The contrast and incompatibility between intelligence and conformity are sufficient ground for inferring that the latter is an instinctive phenomenon. Conformity is unreflective and hence instinctive. There are few kinds of conduct less immediate and controlled than the pillaging of a mob. The criterion for instinct is to be found in certain attributes deduced from observing them. MacCurdy finds all other attributes as outlined in his criteria of what an instinct is.

Herd instincts operate both positively and negatively. The positive reactions are shown in emergencies and in motivations of longer duration. MacCurdy then proceeds to describe the behavior of various groups. The energy directed by the herd instinct is not incorporated in an internally evolved motivation, but adopts a formulation supplied by the group. The most obvious of these are laws, traditions, and conventions. The motivations are intuited by the members of the group. The motives of the group exert an inhibiting influence on the individual's ego or sex impulses, and conscience is the affectively colored recognition of what the group demands. (This classification really works, for it describes a conscienceless man as one with a strong ego and weak herd instincts.)

There is one further point in the discussion of herd instincts. MacCurdy borrows a conception from Sanger Brown which the latter designates as collective thinking and regards as an expression of the herd instinct. The defective sense of personality as an entity apart from its environment (a phenomenon aptly termed by Tausk *Verlust der Ichgrenzen*), found in the psychoses, in dreams, and in the mental processes of childhood, is likewise evidence of a herd instinct. There are phenomena observed among savages which seem to indicate that the members of a group do not enjoy individual thought, but tend to think collectively. This is called group thought or "group consciousness". This, MacCurdy states, is found in the phenomenon of animism. The phenomena in the psychoses (and presumably in the mental processes of childhood) represent an atavistic return to this evolutionary phase of mental development.

We wish to pause for a moment at the assumption that there is a specific herd instinct. Those who assume it so readily rarely tell us just what they mean by the term, be it the impulse to be gregarious or to herd together, or the special behavior of the individual in a herd, or the impulses or behavior manifested by the herd as a whole. Where is the locus of the instinct—the individual or the group that now is a new entity? And what are the limits of the instinctive act? These distinctions are very essential, for each of these concepts has different implications.

If the herd instinct finds motor expression in the impulse to herd or to congregate with others of the same species, we feel it quite apropos to ask when and under what conditions resident within the individual this impulse appears, what goal it serves, and what releases the conditions of the impulse—in other words, gratifies it. The definition must be something that is fulfilled by neither ego nor sex instincts. In the human species the infant is born into a group, be it however small, and the long wait that the individual has to endure before achieving anything like independence necessitates his living with the group. To put it more accurately, the group is one of the conditions of human life, and the individual need make no special effort to form a group. It is possible that the very fact that the human infant is for so long a period helpless speaks for the antiquity of group life in some form as an indispensable condition of human life. We do not at this point see the relevancy of quoting examples from animal life, for our chief interest is in human psychology, and we fear the anthropomorphism involved in making deductions from animals. If thus, in an individual born into a group, we posit an instinct to be gregarious, we wonder what the goal of such an instinct is. We should in that case have an instinct operating without any root in the soma, not accounted for by ego or sex instincts. If the instinct to congregate serves some function that is not covered by the ego and sex instinct and whose end is to be found within the individual, we should like to be enlightened as to just what that function is.

As regards the second possibility—that the manifestations of the herd instinct are to be found in the behavior of the individual when he becomes the member of an artificial group (horde, clan, army, state)—we have the implication that when man, who is always the member of some group, becomes transplanted into one of these artificial groups, a new instinct manifests itself. As a matter of fact, this is the source from which most characteristics of the "herd instinct" are deduced. The basis for positing a new instinct is evidently the fact that the individuals that compose the group seem to be operating in a manner quite different from their wont. This is, of course, a purely behavioristic stand, nor do we mean to imply anything other than that it involves a departure in method from the study of the instinct as it manifests itself, not only in the individuals that compose the group, but indeed from within them—as it were, from the inside looking out.

This leads us to the third possibility—that the herd is really a new entity and that the so-called instincts are shown by this new unit, the individual existing in relation to the whole as a cell to the entire organism. In order to posit this, we must endow the entire group with something of a common mind, and it is for this purpose that MacCurdy has evoked the "group mind or group consciousness". This is anthropomorphism with a vengeance!

To return for a moment to the second possibility. The term *instinct* as applied to the behavior of individuals that compose a herd, we find superfluous for the following reasons. Freud says[1]: "In an individual's mental life, some one else is invariably involved, as a model, object, and helper, and individual psychology is at the same time social psychology as well. The relations of an individual to his parents and his brothers and sisters, to the object of his love—in fact, all the relations which have hitherto been the chief object of psychoanalytic research—may claim to be social phenomena. In this respect they may be contrasted with certain other processes described as narcissistic, in which the satisfaction of the instincts is partially or totally withdrawn from the influence of other people. In speaking of social psychology, it has become usual to leave these relations to one side, and to isolate as the subject of inquiry the influencing of the individual by a large number of people simultaneously, people with whom he is connected by some tie, though in other regards they may be total strangers.''

---

[1] *Group Psychology and the Analysis of the Ego.* See page 281 of the present issue of MENTAL HYGIENE.

The behavior of the individual in a group permits of more intimate study than is accorded by the exponents of the herd instinct. In the first place, the factor that gives a group cohesion is no vague biological ''fiat'', but something contributed by all the members; that factor is community of interest and some degree of reciprocal influence. The new characteristics that MacCurdy shows in the group are not so new; under normal conditions they are submerged, repressed; under certain new conditions they are permitted, by common consent, to emerge. We are thus confronted with the dilemma that the group by whom in part repressions are initiated now releases them. The ''group'' that represses them is the long-continued, the stationary group, like the state; the ''group'' in which the repressions are released is a creation of circumstance, temporary, and much less stable. The factor that makes the mob so impulsive and unified is the factor of suggestibility, which at the present time we must consider a fundamental characteristic, allied to love. Those who describe the herd fail to emphasize the fact that leadership is one of its almost indispensable conditions. This may at times be replaced by an idea or an ideal. At any rate, what ties the individual to the leader or to the idea is a libidinous bond. The same is true of the relationship of the individuals to one another; it, too, is a libidinous relationship. When this libidinous tie is relaxed, the group disintegrates, a fact that is demonstrated by the picture of a group when panic overtakes it. If panic be considered a collective dread, then, as Freud says, ''we can establish an important analogy. Dread in an individual is provoked either by greatness of danger or by disruption of emotional ties. Panic arises either owing to an increase of the common danger or to a disappearance of the emotional ties which hold the group together.'' There is a cessation of all feelings of consideration that the members show to one another. If there is a ''group consciousness'', why does panic disintegrate it? Because of a conflict between the ego instinct and the herd instinct? No, it is a case of self-love versus object love. ''Love for oneself knows only one barrier—love for others, love for objects.'' (Freud). It is love that is responsible for the change from egoism to altruism. The group limits the possibilities of narcissism, but only in so far as the narcissistic libido of an individual can be mobilized.

There is another emotional tie which binds the individuals of a group and that is identification. A primary group is defined by Freud ''as a number of individuals who have substituted one and the same object for their ego ideal, and have consequently identified themselves with one another on that basis''.

Freud contends further[1] that the herd instinct leaves no room for the part played by the ''leader'', the counterpart of the father in the family. While there is no great sin in hypothecating a ''herd'' instinct in studying animal behavior, the notion becomes superfluous when the study of human behavior shows us the finer structure of its composition.

As regards the contention that the group has a consciousness all its own, this is an hypothesis, and a wild one at that. In the example MacCurdy quotes from Rivers (p. 328) we note that in the particular group the latter observed ''there was such delicacy of social adjustment that . . . the intentions of one were intuited by the rest. In studying the warfare of the people of the Western Solomons, I was unable to discover any signs of leadership.'' This is an observation on which it would be quite dangerous to erect any hypothesis of ''group consciousness''. The latter remark pertaining to the absence of leadership is highly significant. As an isolated fact not much use can be made of it; one would like to know more about the social organization of this group, their disposition of property, and the like. To cite them as an example of group thought is simply a case of not proven. MacCurdy says further that this "group consciousness" is an acquired mental process. If it isn't telepathic (and we feel sure that MacCurdy would resent that idea), the phenomenon can be accounted for by a highly libidinous tie between the members of the group, or by the fact that the special activity on which the group was engaged was an established routine with few subordinate parts. It occurs to us to ask whether this "group consciousness" exists only when the group is together, and whether they never think when alone; this leads us into absurdities.

---

[1] *Group Psychology and the Analysis of the Ego.*

Freud has been severely criticized for his hypothesis of a primitive Cyclopean horde; but this is rather tame beside the hypothesis of a period in which "group consciousness" was the method of thinking. Biology has hitherto been filled with magic formulæ, but none of these has received so much abuse as that of atavistic regression. This is not used except for the convenience of concealing ignorance. Once having accepted Ferenczi on the development of the sense of reality, why invoke atavistic regression, when there is a period in the individual's ontogeny to which it can hark back? It doesn't at all follow that the ontogenesis recapitulates phylogenesis. This conception is very shaky as a biological principle, and its applicability to psychology is still more dubious. The reason for its inclusion in MacCurdy's system is evidently to help establish the herd instinct.

As regards the conflicts of instincts, MacCurdy concludes: "The most important conflict is between the sex and the herd groups of instincts, and this results in unconscious cravings for the pleasure-giving aspects of sex. This 'unconscious' is present in all people and potentially capable of producing psychopathological reactions. The next most important conflict is between the ego and the herd groups. The former usually does not suffer complete repression and hence does not tend to build up any elaborate unconscious system. Abnormal mental reactions are produced by this conflict only when the ego is constitutionally preponderant or when special circumstances call forth an ego response."

"In addition to the conflicts of the ego with sex, ego with herd, and sex with herd, one other possible type must be considered. It is conceivable that, with the highly complex development of psycho-sexuality, one kind of sex ambition might clash with another. Freud makes a great deal of this possibility in his discussion of narcissism and ego libido. His system becomes so complicated, however, that he himself has never been able to explain it without inconsistencies and the use of anthropomorphic argument. On the other hand, if one assumes that it is the herd instincts that supply the repressive energy, one can formulate a much simpler and apparently adequate psychological system. Narcissism, although an important type of psycho-sexual aberration, is probably only an overdetermining factor in relation to repression. One can account for repression proceeding from the individual's ideal of himself by assuming that herd instincts are an essential factor in the composition of that ideal."

MacCurdy adds an additional remark about the Melanesians, among whom herd reactions predominate and phenomena of group consciousness are striking—namely, that there is only one type of psychopathic reaction—"the victims seem simply to run off and exclude themselves from the group". Dementia praecox represents, therefore, a condition in which the herd instincts are weak, and accordingly the two types of personality that antedate the psychosis are the seclusive and the antisocial.

Now we begin to wonder whether, after all this vehement protesting that he will never accept the theory of narcissism and insisting that the herd instinct is a distinct entity, MacCurdy has taken a very demonstrative leave of psychoanalysis only to find himself hovering very close to it again. It is remarkable that after such a wide departure of method, MacCurdy's clinical sense should lead him back to a position where it needs but one twist of the kaleidoscope to make his formulations say practically what Freud says. In fact, MacCurdy has restated Freud in behavioristic terms. Let us consider what he says, and divest it of the special color that attaches to its specific verbal formulation. Consider the statement that the dementia-praecox patient is an individual with weak herd instincts. In itself this is a truism, a tautology—that an individual who is asocial lacks constitutionally or has in weakened form that psychological entity which makes those who possess it social animals. MacCurdy has throughout represented the activities of the individual in the herd as a relation to others. But the correlation of these two facts—the presence of asocial traits and the attenuation of a proclivity for relation to others —indicates that the author knows that these two facts stand in some dynamic relationship to each other. He has furthermore emphasized the mutual incompatibility of the ego and the herd instincts, and in his exposition of the ego instincts he has described types of character whose predominant trait was the inability to mobilize their love impulses on to others, either in the form of libidinous relations or of ability to take the ego ideal from the group. When we apply the connotations implied in these formulæ of herd and ego instincts, we cannot but see ego- and object-libido relationships. And so the formulation that the praecox has weak herd instincts reduces itself to saying that he has diminished capacity for object libido. We do not see that this new formulation has any advantages over the Freudian formulation, and it has many disadvantages. It is not surprising that, with these new formulations, MacCurdy should be capable of hardly more than tautologies and truisms, and should give not the remotest conception of the dynamic factors at play. In fact, the use of such concepts as regression becomes meaningless. For if the notion of a weak herd instinct is used, why drag in the notion of regression?

Let us examine what implications MacCurdy makes in his discussion of the ego and the herd instincts. The ego instincts are described as pathologically active in the egoistic character. Of this type he says: "He serves his fellows for pay, not for love of man or woman." If expediency doesn't work, his "ideal" would quickly break down and he would regress to more primitive forms of gratification. With this loss of extroversion of interest, his energy would diminish and he would feel no repugnance to antisocial conduct or ideas. The epileptic receives news of his mother's death with equanimity, but is disturbed when refused a second portion of food at table; he is secretive and never a devoted friend, is conceited and conscienceless. In his character there is absence of repression (which, according to MacCurdy, proceeds from the herd instinct). Disappointments lead to regressions (of what nature?), even to unconsciousness. The author does not discuss the distribution of libido in the epileptic character, but the nature of his love relationships is sufficiently indicated; there is quite an evident poverty of object love. Now the energies of the egoist are expended apparently in enhancing the *interests* of his ego, since we dare not imply any ego libido. This being the case, what is the nature of the regression of the epileptic, what paths does it uncover, and what lower forms of gratification are re-activated? If the regression is sexual, why should strong ego instincts cause object-libido regression? What place, then, has the concept of regression in describing an attribute that is constitutional and static?

The implication of feeble applicability of love to environmental objects is evident, where ego instincts are "strong" and also the fact that the "herd instinct" is feeble, according to MacCurdy's way of reasoning. This fact he reiterates (p. 324) by saying that "egoism is necessarily correlated with relative weakness of the herd instinct". Conscience he defines as the affectively colored recognition of what the group demands or prohibits in conduct, the affective coloring being derived from the herd instinct. Again, since the channels for sex stimulation are many of them identical with the channels for social contact, the latter evidently belongs to manifestations of the herd instinct. "It is difficult to receive a social stimulus without at the same time receiving a sexual stimulus." The relation of the individual to the group necessitates a consideration of the mobility of his libido; his social relationships are expressions of his libido distribution. If we were to consider the reactions of a man placed in solitary confinement, as is the case in prison psychoses, as manifestations of a herd instinct, we are likewise making an assumption and using the formula of herd instinct as if it really described a process. The regressions in prison psychoses are ego reactions inasmuch as there is an enormous amount of libido thrown on to the ego that was formerly distributed on objects; the phenomenon that follows upon a sudden change in libido distribution may be used to explain it, rather than the mere suggestion that it is a regression. The case of paranoia that I have cited likewise demonstrates a regression under the influence of prison life; but the regression there is back to a stage of libido development, and remains there because of a fixation. Without this, the regression of prison psychoses is temporary. The use of the term herd instinct in this instance neither explains the prison psychoses nor in any way defines the course of the regression. It is difficult to account for the phenomena that arise out of "strong" ego instincts without implying the concept of ego libido, though it be not expressed. The relation of the "egoist" to himself, as the author describes it, is a combination of enhancing the interests of the ego and of investing it with love; that is why the egoist or the epileptic has little love to give away.

In his final description of the origin of symptoms through a conflict of instincts, MacCurdy shows that despite his formulations he appreciates the relative value of the factors involved, as expressed in terms of energy and in relation to one another. He thus includes unreal thinking as an atavistic regression to the stage of group consciousness, for the sake of his pet herd instinct. While the phenomenon of "unreal thinking" is important, we fail to see the use of deriving it from this very questionable source since there is a stage in the ontogenesis of the individual in which it was active and it can thus be accounted for by ontogenetic regression. How close to the truth he comes when he blames the sex and not the herd instinct for the regression to autistic thought! "We must probably look to the sex instincts for the immediate production of most autistic thought, for the reason that imagery is for years the main outlet for sex impulses, which establishes fantasy as an expression for these motivations. If regression leads to an awakening of unconscious sex impulses, these tend naturally to expression in fantasy. If the lure of these images is stronger than one's desire to accept the herd's standards of reality, a delusion results." In other words, regression of libido tends to cause other regressions (in the ego); but as MacCurdy has represented the ego and herd instincts, the concept of regression is inapplicable. "Delusions would thus repeat a type of thought developed as a phenomenon of group consciousness, but now directed dynamically by the sex instincts." Out of this position, dangerously near the Freudian, he extricates himself by assuming a "principle (Rivers) whereby one instinct borrows the reaction elaborated with another". Try as he may, he cannot escape using the concept regression except in connection with libido. ''In every psychopathic reaction there is evidence presented of a weakened herd instinct.'' Finally he admits that ''suggestion is probably sexual in origin'', and bulks largely in herd phenomena, and that ''group suggestion is a utilization and overdetermination of an earlier sex mechanism, and in psychopathological experience, suggestion seems to be largely an exhibition of an unconscious sex relationship''.

We have analyzed MacCurdy's work at length because it is in itself a remarkable experiment. What saves the work is that it is based on sound clinical experience. He has shown that any one with such clinical experience, try as he may to reject Freud's specific formulations, must eventually come around to something very close to them. He has tried to arrange the material in different order, has given old phenomena new names, and he emerges with an apparently new formulation. Nothing of the kind. He has garbled Freud, rejected him, and then has very crudely expressed some of the same fundamental formulations by a different route. The author has given us very little demonstration of the application to clinical problems of his formulations, as they exist; but what he says is especially weak. And at this we do not wonder. He has rejected a dynamic method for a descriptive one. He has endowed new terms with mystic powers, the herd instinct struggling with the ego instinct. This describes apparently the external events; but when you come to examine the ''herd instinct'' as he describes it, it is a ''*deus ex machina*''. His passion for description has driven him to the point of taking a highly composite and complicated phenomenon and treating it like an entity, and it is no wonder that his formulations tell nothing. In itself the statement that the herd instinct is weak is dogmatic and tautological. It is only when the instinct is studied and dissected that one gets some notion of the underlying dynamics.

He has rejected the theory of narcissism only to come to grief. We do not feel through the book that he really ever grasped it before he rejected it, and in so doing he destroyed an integral and inseparable portion of the theory. He makes good the want by reviving the herd instinct, which he endows with arbitrary attributes.

MacCurdy's error lies not so much in that he has assumed a separate herd instinct, but that he has used the term to carry and describe phenomena of a highly complicated and reducible kind. He has transferred the concept from the study of animal behavior, where it is much harder to define the limits of an instinctive act and to tell where intelligent or acquired traits operate. Morover, in animals the operation of the sex instinct cannot be studied as it can in the human. MacCurdy has also refused to examine the behavior of the individual in the group and therein to find some very essential reactions of the individual. He has failed to make clear the relation of the herd or group to the ego ideal, and has failed to describe the relationship between the ego ideal and the individual himself.

In the study of the group and of the individual within it, Freud has made some very important discoveries. He has discovered, first of all, some very important facts pertaining to the structure of the ego. The ego is at first self-sufficient. The organization of auto-erotic experience gives it a psychic counterpart which we call narcissism. Between this stage and the relationship to objects there is an apparent gap. It is true that the child comes to regard himself actually as what his loving parents call him—the sum of all perfections; the things his parents teach him are incorporated within him as his ego ideal. This ego ideal is detached from the primary narcissism and comes, as MacCurdy correctly states, from the group. Notwithstanding its origin from the environment, the ego ideal is now incorporated within the ego and to it is attached a high degree of narcissistic libido. This internal model is one with which all of one's activities and qualities are compared. It has the functions of moral conscience, of self-observation, of censorship, and is also the force that does the repressing. Freud has designated this aspect of libidinous development as a characteristic one. The qualities found in some one else are annexed and attributed to one's ego. The process of identification, therefore, partakes both of the object and the self and thus constitutes a bridge between narcissism and object love. The proclivity toward identification and its intensity render it liable to fixation, and thus another point to which the libido can regress. This is an instance of great use in explaining many pathological conditions.

The herd instinct cannot be identified with the ego ideal. Resistances and repressions do not emanate from a hypothetical herd instinct. Freud points out that this apparent instinct can be traced to the nursery. The child regards any one who threatens to share the love of the parent as a rival or an enemy, but the child is eventually forced to identify himself with such a rival on the basis of having the same claim to the love of the parent. The social feeling is, therefore, based on a reversal of the initial hostility into an identification, and the identification of various members of the group to one another is on the basis of a substitution of their ego ideal by the leader.

Of the book as a whole it must be said that it shows signs of haste and lacks cohesion. Its parts eventually prove to be united, but this union is not very apparent. The critical parts of the book must indeed be very confusing to the general reader. It is certainly no systematic or even reliable account of psychoanalysis. The author's criticisms of Freud are systematized only so far as the theory of narcissism is concerned; the rest are very disjointed. As a piece of exposition, the book is rather uneven. There are innumerable passages in which the thought is not clear and lacks sequence. There are other passages in which deficiencies in logic are made up for by arbitrary assertions. Though generally the author's acknowledgments to Freud are sincere and abundant, one is astonished at the cavalier attitude he sometimes assumes.

The reconstructive parts of the book on the whole read much better than the critical parts, and sections of it are indeed excellent pieces of exposition. The discussions on hypnotism and the theories of Rivers are excellently done. In propounding his own theories, MacCurdy is guilty of innumerable ambiguities. The terms ego reaction and ego instinct are sometimes used synonymously, as are the terms herd reaction and herd instinct. The word "motivation" is used at times as instinct wish, at times as motive. We dare not ascribe the following to anything but pure error. MacCurdy credits Trotter with priority in the use of the word "rationalization" to describe the phenomenon of a man's accepting a current opinion, then offering alleged logical reasons for its support, and by this logic convincing himself that it is his own independent conclusion. The question of priority is a small matter at that; the author, however, tells us that Jones "popularized" the term, but he forgets to state that Jones's use of the word "rationalization" has a much broader meaning and application.

In the introduction to the book, MacCurdy raises an issue that deserves a thorough airing. He complains that one of the reasons for the various interpretations of Freud is that psychoanalysis has never been formally taught, but has been learned in the main by independent observers originally inspired by the scattered writings of Freud. For this complaint there is only a slight justification. We feel, however, that the author must ultimately be forced to assume responsibility for his own apprenticeship in psychoanalysis. There has for many years been an established convention whereby such an apprenticeship is served. However, it is very much to be doubted whether most of those who "do psychoanalysis" have been very much burdened with any feeling of responsibility in this regard. In most instances it is "picked up" and more often it is simply "done", on the assumption that no one will be any the wiser, and the apprenticeship is completed with the decision to "go into it", with the idea that somehow or other all the necessary training can be acquired in practice. This being the case, the reason for lack of uniformity in the interpretations of theory or technique is something that cannot be laid to the door of psychoanalysis. Psychoanalysis has been regarded even by many who have attempted to practice it conscientiously as a field for controversy, before they have in any way mastered the teachings of its sponsor. The apostates and the dissenters have an equal ear with the public, which is as it should be, were it not for the fact that the public generally cannot pass upon the issues.

The author has given us ample evidence of a conscientious effort to master the theory and the practice of analysis. This notwithstanding, some of his case reports do not appear to be in accord with the best precedents. We quote the following instance: "I can cite from my own practice a striking example of how material often considered to be fundamental may be neglected without affecting the success of the treatment. I once analyzed a man who had led a homosexual career for over ten years and wished to cure himself of it. During the analysis I never asked him nor did he have occasion to tell me whether he was an active or passive homosexual or what the nature of his actual practices had been. Throughout, attention was directed to his homosexuality as a relationship and not as an act. The analysis was speedy and effectual."

The latter remarks, of course, have no essential bearing on the case and the author knows it. We do, however, challenge the fact that a man can be thoroughly analyzed out of a homosexual neurosis without conveying some information as to the nature of his actual practices and how they arose. We do not mean that the man in question could not be cured by the procedure instituted, or, for that matter, by the "royal touch", if such were the fashion of the time and the patient's desire for a cure sufficiently strong. The error lies in using the cure as a check on the correctness of the procedure or as proof of the fact that essential material can be omitted with impunity. As to the distinction between homosexuality as an act and a relationship in an individual addicted to its practice, it is one that we fail to get. The author assures us in another place that his theories had been tried out clinically and found valid. It is inconceivable that such an approach as the author uses to the study of human psychology, from the point of view of a group of instincts that operate either against one another or with one another, has any applicability to clinical practice. However, it was apparently on such analyses as the one quoted that the validity of his theories has been tested. The author's formulation was evolved from concepts derived from various sources and could never have arisen in the laboratory, in which the only material is a struggling human.

Despite his many errors, however, MacCurdy has shown himself a capable observer and, generally speaking, has correctly sensed the relative relations of the various factors involved to one another. He has suffered chiefly from his method of approach. His terminology is antiquated and inadequate. His efforts are tantamount to a restatement of Freud in terms of descriptive psychology, in so far as that is possible. He has taken us out of the truly dynamic conception of human psychology back again into the tyranny of obscurantism.

From the knowledge of psychoanalysis that the author has shown, we cannot regard his departure as a real apostacy. But so long as he keeps in contact with clinical material the possibility remains open that he will some day proclaim his allegiance to a real dynamic and analytical psychology.

AN EXPOSITION OF THE FUNDAMENTAL PRINCIPLES OF PSYCHOANALYSIS*

MONROE A. MEYER, M.D.
New York City

A third edition of Dr. Jones's *Papers on Psychoanalysis* has recently appeared. This work is well known in the English-speaking world not only for the careful presentation of its subject matter, but also for its clear and facile style. The "papers", which deal with a variety of psychoanalytic subjects, do not neglect any important topic in this field.

The author is especially to be congratulated upon the fact that this new edition is truly a new one in the more important sense of the term. It represents no mere formal rearrangement of the second edition. Its claim to the designation "new" rests upon grounds more substantial and valid than a mere renumbering of pages or a change in type. Not only have five chapters of the old (1918) edition been omitted and five new ones substituted therefor, but the entire text has been revised wherever necessary, so as to do justice to the recent rapid and important additions to and modifications in psychoanalytic knowledge. In the past five years psychoanalysis has slowly, but surely, extended its field of investigation from the repressed sexual impulses of the individual to a study of the ego itself, and thus there has evolved a psychoanalytic theory of the structure of the ego. Psychoanalytic literature has, naturally, reflected this refocusing of the center of interest. In consequence, new terms have been added, new formulations crystallized, and a fundamental viewpoint restated with a somewhat redistributed emphasis. Any volume that proposes to deal adequately with the science of psychoanalysis can no longer ignore these considerations. As the author indicates in his preface, it is along these lines that the revision of his text has been made.

---

*PAPERS ON PSYCHOANALYSIS. By Ernest Jones. Third Edition. London: Baillière, Tyndall, and Cox; New York: William Wood and Company, 1923. 731 p.

A systematic discussion of the contents of this volume, involving as it would a summary of practically all that is known in psychoanalysis, is beyond the scope and purpose of this review. Suffice it to name the new titles in the order in which they occur in the book, and to indicate as concisely as possible the noteworthy features in each new paper.

To the group *General Papers* there has been added *Recent Advances in Psychoanalysis.* Here may be found under separate headings brief, yet adequate, expositions of (a) recent improvements in technique, including Ferenczi's "active therapy"; (b) characterology, including Abraham's "oral character", Freud's three "character types from psychoanalytic work", and certain "love types"; (c) narcissism, not only in relation to paraphrenia (Abraham) and pathohysteria (Ferenczi), but also as it manifests itself in the ordinary love life; and (d) metapsychology, with a definition of this concept and an outline of Freud's five essays on this subject. All this material is presented in only twenty-four pages of very readable text.

In the section *Papers on Dreams,* there now appears a technical contribution to dream interpretation entitled *Persons in Dreams Disguised as Themselves.*

The section on treatment now contains an engaging and timely discussion entitled *The Nature of Auto-suggestion.* Although the popular interest in M. Coué—that prophet of a day—has subsided to the vanishing point, a less noisy and more scientific interest in auto-suggestion, antedating this curious Frenchman's advent to America, will be gratified by Dr. Jones's attempt to divest this phenomenon of its mystical cloak and to explain it by a resolution into component processes in terms of ego, ego ideal, libido, and their interactions.

The section *Clinical Papers* now contains one written for the *Festschrift (Internationaler Zeitschrift für Psychoanalyse,* Vol. IX, Heft 3) prepared by the Hungarian Psychoanalytical Society in honor of Dr. Ferenczi upon the occasion of his fiftieth birthday. As a tribute to Dr. Ferenczi's work on the interrelation of psychical and physical disorders, Dr. Jones discusses the possibility that false associations of a symbolic nature concerning a disease may lead an individual to expose himself to that disease unwittingly. He points out that in the case of infectious diseases acquired by the respiratory route, the common belief that cold air is dangerous must operate to increase the rate of infection. He finds in the unconscious ideas associated with birth which throw light upon this popular superstition with reference to cold air, one that is still reflected in medical books. The medical man who has been following the work of such internists as F. Deutsch of Vienna will find much food for thought in this paper.

In the section *Papers on Child Study and Education,* one title has been changed and one new paper added. The former of these has been renamed *The Significance of Sublimating Processes for Education and Reëducation.* This paper, now emphasized by its new title, should do much to correct the erroneous notions concerning sublimation that are so widespread in this country. Perhaps because of the dizzy puritanical heights toward which American ideals strive, there has been an unmistakable tendency, both on the part of our psychotherapeutists in reshaping the lives of patients and on the part of our educators in directing the destinies of children, to overemphasize the inherent possibilities of sublimation and to expect altogether unattainable results along these lines. Sublimation, being a turning away from the sexual, is considered by many as the more, if not the only, ''respectable'' side of psychoanalysis, excluding its ego aspects. Such an attitude has, we believe, fostered important misconceptions of the nature and significance of sublimation. The author attempts to correct the current misunderstanding of the sublimation mechanism. Sublimation involves something more complicated than is implied by the typical example so prevalent in psychological writings—viz., turning to art or work as a consolation for disappointment in a love affair. The process concerns the infantile partial components of the sex instinct rather than the adult heterosexual desire; it is a process accomplished primarily in childhood rather than in mature years; it is essentially an unconscious affair and consists in a displacement rather than a replacement of energy. After discussion of these points, Dr. Jones considers their application to the problem of educating children and of reëducating abnormal adults. In the case of the former, he pleads for educational methods that would work hand in hand with the mechanism underlying the sublimation tendencies instead of running counter to them; while in regard to the latter, he suggests endeavors of a type more simple and less pretentious than those usually attempted. He criticizes both the forcing of children through an irrational intellectual mill and the saddling of neurotics, perverts, criminals, and social failures with all too heavy reconstruction programs.

The last of the new papers, *Some Problems of Adolescence*, forcefully presents a point of view that, if not altogether unique, nevertheless merits emphasis. The author, in his introduction to this paper, discusses the term "problem". He deprecates the fact that the desire for a practical "answer" to a "problem" outweighs the wish to throw light upon the lack of knowledge behind the problem. He defines a problem as "a nodal point of ignorance" that demands investigation and understanding before remedial action is undertaken. He believes that "the danger besetting all forms of applied sciences is that too much emphasis is apt to be laid on the 'applied' and too little on the 'science' " and that "the impulse to do makes us impatient of the desire to know". Having thus defined the term "problem", Dr. Jones discusses adolescence. He first asks, "Wherein does growing-up consist?" He gives the chief characteristics of the growing-up process as (1) increase in intellectual power, (2) greater integration of the mind, (3) decreased egocentricity, (4) a greater independence, and (5) a definite sexual evolution. He then contends that during adolescence the individual repeats and amplifies such changes along the above-mentioned five lines as have already taken place in the first five years of life. Thus adolescence has its pattern and parallel in infancy. The significance of the motor and emotional inhibitory forces is then discussed, and the author presents as an important research topic in the child study of the future the determining of the optimum inhibitory influences (both as to direction and degree) indicated to obtain the maximum intellectual development. He believes that the "goal-inhibited" libido of incestuous origin is the energy chiefly used in education.

The volume contains an appended glossary. We wish this were more extensive, not only in the number of terms listed, but also in the definition of individual terms. Much psychoanalytical controvery has arisen and many a wordy Ossa has been piled upon Pelion for no other reason than that the disputants involved were using identical technical terms, but defining them differently. Many an imputation of inconsistency, self-contradiction, and the like, made against psychoanalysis is based upon such shadowy grounds.

Dr. Jones's book should interest a host of readers. While it is perhaps too technical, generally speaking, for beginners in psychoanalysis, it offers those already familiar with Freud's *Introductory Lectures* an excellent opportunity to widen the scope of their psychoanalytic knowledge. The book is absolutely indispensable to two classes of psychoanalytic students: first, those to whom German psychoanalytic literature is inaccessible because of the language difficulty; and, second, practicing experts who must needs be acquainted with Dr. Jones's original contributions to the science. Certain special articles will appeal to educators and others concerned with the mental life of the child. English-speaking psychoanalysts may well be proud of this volume.

ONE OF THE MANY OVER-ENTHUSIASTIC BOOKS ON PSYCHOANALYSIS*

ADOLPH STERN, M.D.
Vanderbilt Clinic, New York City

The translator's preface to Dr. Stekel's new volume on psychoanalysis and psychotherapy states the purposes of the book to be to outline the working technique and practical application of the "new psychology"; to emphasize the end results, since the busy practitioner and the nervous patient are interested in the first place in results; and to point out the various psychotherapeutic measures in vogue, their limitations, and the dangers of excesses. The book should save many an "over-enthusiastic beginner from regrettable errors or excesses". It is meant to be not only a guide, but also a timely corrective, especially in view of "the many over-enthusiastic books on psychoanalysis and psychotherapy for beginners". All worthy purposes, surely, and to achieve them, carefully prepared, well-sifted material should be presented.

The scope of the book is large, its size small. Therefore, only brief references can be made to the subjects under consideration. The result, naturally, is that because of the necessarily superficial presentation, the very dangers the book seeks to avoid are liable to be brought about—viz, "regrettable errors and excesses" on the part of the over-enthusiastic beginner.

In the present review, it seems advisable to take the first part of the book for detailed consideration. Its merits and demerits repeat themselves throughout the remaining portions of the 155 pages, which are of small size. Because of the disjointed method used by the author in elaborating his material, this review, while occupying itself with Part I, will at the same time include other portions of the book, because the same subjects have been treated by the author in several places. A few remarks on important phases of the remaining portions of the book will close the review.

---

* PSYCHOANALYSIS AND PSYCHOTHERAPY. By William Stekel, Ph.D. Translated by James S. Van Teslaar. New York: Moffat, Yard, and Company, 1923. 155 p.

Let us take Part I, which covers 47 pages and is headed *Technique and Applications of Psychoanalysis and Psychotherapy.* The subheadings are twenty in number—to wit: *Freud's Earlier Technique; Free Associations; The Association Method; The "Will To Be Ill"; The Psychic Conflict; Psychoanalysis and Psychotherapy; Analysis Is Not Interrogatory; Analysis of an Impotent Physician Suffering from Acathisia; Nature and Meaning of Suggestion; The "Will to Subordination"; Analysis and Suggestion; The Relative Degree of Sensitiveness to Hypnosis; Experiences in a War Hospital; Hypnosis as a Therapeutic Aid; The Range of Applicability of Psychoanalysis; Freud's Earlier Views; Author's Modification; Curability of the Paraphilias; Results Obtainable in the Therapeutic Management of the Psychoses; The Need of Special Departmental Instruction in Psychotherapy and Sexual Science.*

This is a very large field, covered in a very small space. In the opinion of the reviewer, the beginner in psychotherapy, whatever its form, needs to study in great detail, first, the diseases he is to treat and, second, the methods he is about to employ as his therapeutic agents. No cursory discussion (and such only is possible in the short space allotted to it by the author) of, for instance, Freud's earlier teachings, will give a beginner any adequate idea of what Breuer and Freud did find, and why the latter abandoned his former methods as inadequate. The difficulties of the "cathartic" method under hypnosis, the findings under this method, the establishing by it of the psychogenetic origin of hysteria, the transitory nature of the results, the development of the theory of repression, which is the corner stone of psychoanalysis, and much more that the beginner ought to know, can of course be only mentioned, if they are not altogether omitted, by the author in the amount of space he has devoted to this important phase of his subject. Reference to works on the subject, as, for instance, Freud's *History of* *the Psychoanalytic Movement,*[1] might have been made to stimulate the beginner to further study. In a few pages Stekel has summed up the progress of the psychoanalytic technique from its beginnings in 1880, when Breuer worked with his now famous patient, "Fräulein Anna O.", up to the present time. On page 8 we find the statement: "With these meager facts in hand, let us now proceed to a psychoanalysis, in order to learn the technique of the science by use of a practical example." It seems fair to say that a beginner cannot learn the technique of the science on the basis of meager facts. In the next fifteen pages, we are given a case report to illustrate "what psychoanalysis is". We are told that psychoanalysis is not a painful ordeal; it is not a sort of spiritual inquisition; it is not a continuous interrogatory. "Precisely the reverse is true." It is impossible to determine beforehand what is to be taken up at any psychoanalytical session; freedom of choice must be given to the patient, with close observation on the part of the analyst as to why the patient chooses certain subjects. This is all true enough, but these are matters that should not be introduced, in a textbook especially, in the midst of the description of a case report. They are matters that demand separate treatment. The author in the same way discusses various forms of resistance which the patient manifests in the course of his analysis; such matters also should be treated separately, and not in some fifteen pages devoted to a case analysis. In these few pages also, a dream is interpreted, the causes of the illness are laid bare, and an explanation is offered as to the cause of the patient's recovery. As a matter of fact, only a superficial aspect of the construction of the neurosis is given, except for the homosexuality concerned therein. The infantile elements responsible to a great extent for the conflict of the patient in respect to the two women with whom he was in love are not brought out. The result is a misconception as to the depths to which the roots of a neurosis extend into the patient's psyche. Then follows a good description of suggestion and hypnosis; reference by the author might, with advantage to the reader, have been made to Ferenczi's account of these phenomena, in *Contributions to Psychoanalysis,*[1] translated by Ernest Jones, in the chapter headed *Introjection and Transference,* in which the affect responsible for the results in suggestion and hypnosis are traced to the early influence of the parents upon the children—namely, to the primary love of the children for the parents. For a description of the psychoanalytic therapy—how it differs from suggestion, and to what an extent suggestion enters into it—the reviewer would refer the reader to *A General Introduction to Psychoanalysis,*[2] by Freud (page 388). Freud takes up more space in these introductory lectures in describing the situation than does Stekel in the book under review. The additional time spent in reading the former will be amply repaid by the clarity and understanding that will result.

---

[1] Authorized English translation by A. A. Brill. New York: The Nervous and Mental Disease Publishing Company, 1917.

The next part of the chapter is devoted to a discussion of the various neuroses to which psychoanalysis is applicable, and a criticism of their classification by Freud into actual neuroses and psychoneuroses, Stekel claiming that all neuroses are psychogenetic in origin. This contention by Stekel has by no means been demonstrated, though it is the general belief among analysts that Freud's original classification should be modified in that the anxiety neuroses, classified by Freud among the actual neuroses, have been found to contain cases now classified under the term anxiety hysteria, a psychoneurosis. Stekel is mistaken in saying that Freud puts cases called ''agoraphobia'' under the actual neuroses, for in his *General Introduction to Psychoanalysis,* Freud distinctly describes this condition under anxiety hysteria, a psychoneurosis, not an actual neurosis.

In this part of the book under review one would expect to find a description, even if brief, of the morphology, pathology, and clinical picture of the various neuroses, but one looks in vain for a description of any of the neuroses as a clinical entity. Compulsion neurosis, hysteria, anxiety neurosis are mentioned, but the laws explaining their genesis are not discussed. Instead, one finds such phrases as "patient's fear of cure" (page 53) and "the 'will to power' is the neurotic's all-powerful trend". On page 69, where the author attempts a very sketchy description of the dynamics of the neuroses, refuting what already has long ago been modified by Freud himself—namely, the importance of the infantile traumata in the origin of the neuroses—the author states: "The tendency to find excuses for himself" plays a great rôle in the dynamics of the neuroses. On page 65, we find reference to "the neurotic's faith in his 'great historic mission' ", and on page 82, the statement: "I have found that this fictitious goal [of Adler] is heaven and eternal bliss."

---

[1] Boston: R. G. Badger, 1916.

[2] New York: Boni and Liveright, 1922.

What the reviewer wishes to bring out is that various impulses, present in some form in all neurotics and likely enough to be found in normal people as well, are emphasized by the author as primary characteristic traits, he evidently not realizing that they are already reactions to repressed concepts; they are not characteristic of any one special neurosis. This method of presentation fails to give an adequate picture of the clinical entity of any one neurosis as distinguished from another. It fails to give the beginner, for whom the book is intended, a satisfactory concept of the disease that he has to treat. The emphasis is on results, without a clear understanding of the illness in regard to which the physician is seeking results. The same may be said with respect to the methods employed by Stekel in describing the psychoanalytic technique. In the first part of the book, he describes something of the technique of psychoanalysis, the resistances of the patient, and dream analysis. In the second part, *The Final Results of Psychoanalytic Treatment*, after a great deal of other material not related to psychoanalysis has intervened, more of the psychoanalytic technique is given. It were better to put the whole discussion of psychoanalysis, if not into one chapter, at least into some sort of sequence, chronologically or otherwise sequential. The unrelated material interspersed leads to confusion; there is not sufficient orderliness in the presentation.

So much for the orderliness and care in preparation of the material presented. Let us now take up the technique of psychoanalysis and suggestion therapy.

The technique of hypnosis and suggestion, as well as their nature, are clearly enough described. In these two fields, it seems to make little difference what method is used to induce hypnosis; the effect depends upon the suggestibility of the subject or patient—namely, upon the nature of his transference to the hypnotist.

Concerning the technique of psychoanalysis, the reviewer feels that the author falls short of presenting a clear picture. It is true that not all analysts have their patients lying on a couch, the former sitting out of range of the patient's line of vision. Stekel states that some patients find it unpleasant to lie down, and therefore he allows them to sit facing him. As a point of technique it might be stated in this connection that this unpleasantness at lying down in the presence of the analyst is no reason for the operator changing his technique, if the reclining position is considered necessary for the analysis. As a matter of fact, the patient who finds it uncomfortable to lie down in the presence of the analyst, without at the same time being able to see the latter, evidences thereby well-defined resistances, which can best be brought to consciousness by keeping him or her in that position. Allowing such a patient to sit up disguises the resistance. The sitting-face-to-face position has the added disadvantage that the patient can watch the expression of the analyst and guide the material submitted for analysis accordingly. In this position strong hindrances to free associations are encountered. All in all, those analysts who have tried both methods unanimously choose the reclining position.

The author next takes up resistance, and states that it means that ''every patient clings to his neurosis''. He is afraid of good health and suffers from the ''will to illness''. On page 6—right at the very outset of the attempt to describe the most fascinating, the most delicately and intricately constructed mechanism on the part of the patient to defend and maintain his repression, unconsciously produced—Stekel further states: ''Perhaps non-analysts, who are sceptical about a 'will to illness' will understand me better when I say: The neurotic lacks the will to get well. . . . He is proud of his illness, and makes use of it as a means of insuring his power over his environment or of avoiding duty (work, care of sick, unwelcome visits, etc.)." The author here confuses the primary motive of a neurotic illness with what Freud has called the secondary gain of a neurosis. This secondary gain compensates in part for the emotional deprivation, or libido disturbance, which initiated the neurosis, the symptoms of which represent the repressed wish fulfilled. On page 53, under what might still be termed resistance, we find the statement: "Now I know that the neurotic is animated by one dread—*i.e.*, the fear that he will get rid of his neurosis." On page 62, we are told that some analysts believe that the transference is broken when the patient is made aware of the emotional nature of his attachment to the analyst, but that nothing is gained thereby, the transference becoming inoperative only when the affect attaching to the analyst is traced to its primary origin—namely, to that of which the analyst is the imago. That, in essence, is true, but Stekel tells us that in the case under consideration the transference became dissolved when he was able to show the patient that because the patient's father did not believe that the patient's illness was serious, and the analyst thought the case not a serious one, the patient identified the analyst with the father, and became angry with the former, thus developing resistance in the course of the treatment. The deeper, more repressed sources of resistance, in so far as they emanate from the transference, in the form of identifying analyst with father, both in the negative and positive phases, the powerful motives present in the latter for getting well, are not mentioned. The impression one gets in reading of the transference is that the patient is a sort of rascal, trying to outwit, to fool the analyst, as if the analyst had to suspect the patient. That a patient wishes to get well is shown by his coming to the analyst. That there are deep-rooted motives, originating primarily in the repression, that block the treatment, every analyst knows by virtue of his knowledge of the construction of a neurotic illness. The patient certainly is in the main unconscious of these phenomena; his resistances to accepting the unconscious into consciousness are gradually made less strong as his ego ideal approaches more closely to the demands of reality. For a clear, short description of this matter, the reader is referred to Freud's *General Introduction,* page 372. As presented by Stekel, it all looks so easy, so simple, to be mastered with so little time and effort. For instance, on page 94, Stekel states, quite correctly, that patients will use subterfuges, such as attempting to discuss scientific matters relating to psychoanalysis, or other matters, in order to maintain the repression, to maintain the resistances against bringing to consciousness the unconscious material. But this is a minor incident in the recognition of the resistances of the patient. Stekel is also correct in stating that a patient is better off for not reading psychoanalytic material during the course of the analysis, for reading will undoubtedly ''educate'' his resistances, as some one has said. In spite of all the favorable points that one can find in this book, the reviewer feels that the presentation is of so superficial and fragmentary a nature that no beginner should rely upon it solely as an introduction to the technique of psychoanalysis.

A few words as to the applications of the various forms of therapy. The reviewer wishes to call the attention of the reader to the introductory remarks of the translator apropos of the scope of this little book: ''It is most helpful and highly instructive to find one of the pioneers discussing so frankly the limitations and the possible dangers of psychoanalysis. That is a much needed lesson, and it should save many an over-enthusiastic beginner from regrettable errors.'' The reviewer has pointed out how in his opinion Stekel's presentation of the intricacies of the technique of psychoanalysis is superficial, giving the reader an impression of its being easily learned and applied. With this in mind, let us view the field of its application, and the prognosis, as the author discusses it. On page 41, we find: ''Prognosis is favorable in anxiety neurosis; the condition is curable in from four to six weeks. The compulsion neuroses prove refractory in about one-third of the cases, and require a somewhat longer period. . . .

Excellent results are achieved in cases of psychic impotence, when verbal suggestion is often all that is necessary. . . . A certain amount of analysis may be required. . . . Sexual anæsthesia in women is more difficult to overcome, though it, too, is a most promising field for psychoanalytic endeavor. . . . The various forms of hysteria require longer treatment, sometimes as long as half a year. Stuttering is curable in a short time. The results are excellent. *Startling* results are also achieved in the treatment of epilepsy. Thus far I have indicated but a small portion of the field in which psychoanalysis and psychotherapy in general may be successfully applied.'' Then follows a long list of what in reality are symptoms—*i.e.*, ''baffling 'rheumatic' pains, tics, constipation, asthma of nervous origin, inability to work . . . in short, all disorders which indicate a psychogonous (neurotic) component.'' On page 44 still further fields for psychoanalytic therapy are indicated.

The reviewer's comment on the above has to do with the lack of moderation of the claims made and the great tendency that the beginner, in particular, will wax too enthusiastic over such favorable reports as Stekel gives here. For instance, in reference to hypnotic treatment, on page 33, he states: ''I have been able to effect a cure, in the end, with every case that had not been subjected too long to other methods.'' Those who are actively, conscientiously engaged in treating patients with psychoanalysis would feel highly gratified if they could report such favorable results; moreover, the reviewer thinks that he is correct in stating that results are not obtained in so short a time as Stekel claims, from a few weeks to four months in the severe cases, even though as a rule analysts have not overlooked what he points out—namely, that a patient may be analyzed too long, that cutting the treatment short may stimulate the patient in his efforts to hasten the cure. That is true, but experience teaches that one should be careful in putting this procedure into operation in the face of persisting symptoms.

The author's discussion of the results of treatment have in the main been taken up in the preceding paragraph. It might be added that his bad prognosis in the treatment of the perversions and the insanities is well justified. On page 109, in speaking again of results, the author says: "Looking over my results, I have reason to be *very well* contented. . . . On the whole, it may be affirmed that psychoanalysis has proved itself superior to all other forms of psychotherapy . . ." The reviewer agrees with the second statement, and would like to feel the same about the first. While psychoanalysis has done more than any other method, both in the way of therapy and in furthering the study of psychogenic conditions, yet so much still remains to be attained that it behooves one to be cautious in tabulating results, if for no other reason than that such caution stimulates one to improve one's deeper knowledge of the neuroses and psychoses and one's technique.

Stekel gives some consideration to the dangers of psychoanalysis, due for the most part to a lack of understanding of its nature, in the hands of those not qualified to treat patients by its agency. It is true of any branch of medicine—surgery, for instance—that it can do harm. But the important point is that the danger of any instrument depends upon the user, and not on the instrument *per se*. Psychoanalysis is a powerful agent. If any radical results are to be accomplished, one must have good tools, but one must know how to use them. As Stekel states, one who is to practice psychoanalysis must have good training, and a certain bent, to begin with, in the way of comprehending psychic phenomena. As a prime requisite, the future analyst must be himself analyzed by a competent analyst.

The reviewer cannot resist the temptation to enter at this point upon what may appear to be controversial matter. Freud and his followers maintain what appears to be an inactive attitude during the course of a psychoanalysis, allowing the patient, as Stekel (page 136) claims, "to pursue his own course". He adds that such a procedure is unworthy of "a science which calls itself psychotherapy", that the physician must be the patient's educator, must "point out to him the path to useful activity and health; with kind, but firm hand he must turn him away from the realm of his useless phantasies and train him to carry on his work'', and so forth. Even the Freudian school, he states, ''has at last been compelled to recognize 'active psychoanalysis' ''. It is of this ''active psychoanalysis'' that the reviewer wishes to speak briefly.

Psychoanalysis has as its object the bringing to the consciousness of the patient of the unconscious material that is the cause of his neurosis. The analyst watches the patient's difficulties slowly unfold, indicating to him at the proper time such material as he thinks the patient can grasp and understand, having in mind constantly the aim of making plain to the patient the nature and source of his resistances, setting free in this way libidinous fixations that are responsible for symptoms and hampering character traits, putting at the disposal of the patient energy previously consumed in symptom formation. The analyst is careful to refrain from giving advice to patients as to course of procedure in situations outside of the analysis. The object of the analysis is to get the patient to accept truths that he previously repressed. This he does gradually, as his ego ideal becomes less ascetic, approaching in this way the demands of reality. ''Active therapy'' is used when, for instance, a symptom persists in spite of the fact that the unconscious material responsible for its formation has been rendered conscious. In such a case it is found that if the patient exposes himself to the anxiety brought on by doing that which he fears—*i.e.*, if a patient who is afraid to cross a street alone does so on the advice of the analyst—the anxiety is increased and unconscious material connected with the symptom formation is activated and brought nearer to consciousness and investigation. The protecting measures (the patient crossing a street only if accompanied) have served to keep inactive the most repressed material having to do with the symptom, thereby diminishing the anxiety. The object of ''active psychoanalysis'' is not, as Stekel seems to think, an attempt to lead the patient or to make him feel better by active aid and advice, but to activate a sluggish process in order to give it a better opportunity to heal. The reviewer believes it was Ferenczi who likened the process of "active psychoanalysis" to a counterirritant applied to a sluggish ulcer to promote healing.

To avoid "regrettable errors and excesses", the beginner in psychotherapy, who wishes to learn the value of the hard, patient work necessary to master the genesis and nature of neurotic phenomena, and the agencies employed in treating them, is advised to put off the reading of such books as this under review until he has studied standard works and mastered them, until he has been analyzed by a competent analyst. After he has gone through these steps, the reading of Stekel's book cannot lead him into over-enthusiasm, in spite of the glowing enthusiasm of its author. The beginner not so protected is not safe from danger. For one finds little in the book to indicate that more is known of the various psychotherapeutic measures, and of the illnesses to be treated by their means, than it contains. While the author does make some reference to the sources of his material, he nowhere suggests that it would be advisable for the beginner to consult these and other books in order to understand more clearly what the author himself has set forth briefly and incompletely. A book for beginners should contain a good bibliography. It should stimulate to further study. It should make clear on every possible occasion that it is a book for beginners and not a textbook containing nearly all that is known on the subjects treated. In addition to the shortcomings already pointed out, the book under review does not meet these requirements.

THE INDIVIDUAL AND THE GROUP*

ADOLPH STERN, M.D.
Vanderbilt Clinic, New York City

This book offers an interesting study of the emotional aspects of group phenomena, submitting them to an investigation from a psychoanalytic point of view. In his approach to this problem, the author brings to his aid his rich experience with the neurotically ill, and his previous efforts to throw light upon those aspects of primal man that seemed open to elaboration with the aid of psychoanalytic knowledge. There is here much food for thought. The author in working out his theme has broadened our conception of the emotional factors concerned in hypnotism and suggestion, not only in so far as they obtain between two people, but also as they apply to a group. Valuable insight into the psychology of normal love is afforded by the author in working out the relationship between being in love and hypnosis, and the application of this comparison to group psychology. The importance of the repressed (unconscious) sexual feelings of the child for its parent of the opposite sex, the feelings called "inhibited in their aim" *(zielgehemmte)*, is here emphasized not only because of the part these play in the development of the normal love life and in neurotic illness, but also because of the influence they exert in such phenomena as suggestion and hypnosis, and in the emotional component of group psychology.

The herd instinct, as expounded by Trotter, is subjected to a constructive criticism by Freud in his contention that this instinct is psychologically further reducible; that it is not an instinct in the same sense as the sex and the self-preservative. Of a more technical nature are those features of the work in which the author throws added light upon the psychogenesis of homosexuality, and the rôle of the ego and the ego ideal in melancholia, both subjects that Freud has previously written upon, and elaborates here. Of interest is it that the author, in his attempt to explain in particular the rôle of the leader and his influence over the group member, gained further insight into the already surmised "differentiating grades" *(stufe)* in the organization of the ego, with its libidinal attributes. The importance of the process of identification in group formation, and as a phenomenon of libidinal disposal, indicating a step from autoeroticism to object love, are here given added value.

---

* Group Psychology and the Analysis of the Ego. By Sigmund Freud. Authorized translation by James Strachey. London: International Psychoanalytic Press, 1922. 134 p.

In a review that will be read in the main by those not actively engaged in the practice of psychoanalysis, it seems advisable to give more space to such aspects of the book as will interest the general reader, at the same time interspersing such features of a technical nature as will aid in the understanding of the general theme of group psychology as elaborated by the author.

Freud approaches his problem of the study of the group[1] by setting himself three questions to answer, viz.: "What is a group? How does it acquire the capacity for exercising such influence over the mental life of the individual? And what is the nature of the mental change which it forces upon the individual?"

Quoting liberally from Le Bon's *Psychologie de Foules*[2] Freud deduces that an individual, in a group that is not highly organized, differs in the following characteristics from that same individual when he is not one of a group. A group individual may yield to the highest, most heroic and generous emotional impulses, without taking any note of personal consideration; or he may yield to the crudest and coarsest impulses. He acts as if he had unlimited might and power; is troubled with no doubt or uncertainty; believes anything if said forcefully or authoritatively; is cruel, violent, fickle, hasty in judgment, extremely suggestible, imposes no inhibitions upon himself, is incapable of any sound reasoning; behaves like "an unruly child or an untutored savage". The group individual yields to force, power, and fear; he acts from unconsciously motivated impulses. As Freud suggests, these are no new characteristics. They reside in the unconscious of every individual, and as a member of a group, he finds he can without any punishment dispense with repression and indulge fully in otherwise prohibited impulses. Freud here draws an analogy between the hysteric, who accepts phantasy as reality, and the group individual acting on psychological reality, instead of objective reality. The two characteristics of the group would, then, be (1) a heightened affectivity and (2) an inhibition of intellectual functioning.

---

[1] German *Masse*, popularly "crowd". The translator's suggestion of the use of the word "group" is adopted in this review.

[2] *The Crowd: A Study of the Popular Mind*, by Gustave le Bon. London: T. Fisher Unwin, 1920.

A group, then, acts as a unit because of some cementing influence, the individual members acting as if they were hypnotized or fascinated. Suggestibility is an outstanding group phenomenon. Contagion spreads through a group very readily, in the words of McDougall, by the process of "primitive induction of emotion", another term for "imitation". While Le Bon traces back the peculiar phenomena of the group to suggestion and the prestige of the leader, in the words of Freud, "prestige is only recognizable by its capacity for evoking suggestion". Freud is not satisfied with these attempts to explain group phenomena, especially in that the emotional element recognized in general by writers on group psychology is called "suggestion", and that this is treated as if it were an irreducible quantity. Another criticism offered by Freud in regard to the group psychology of the above writers is that the part played by the leader is not given sufficient recognition.

In seeking further light upon the suggestibility of the group, Freud has recourse to the libido theory of the emotions. Libido is the love force found in all people, and in psychoanalytical work it has been found that emotions (affects) not ordinarily grouped under the connotation "sexual" are discovered upon analysis to have their origin therein. This resulted in widening the range of the term libido or love to embrace emotional relationships and affect phenomena like the "Eros" of Plato; to quote Freud, "when the apostle Paul, in his famous Epistle to the Corinthians, prizes love above all else, he certainly understands it in the same 'wider' sense''. The reference is to the following, quoted by Freud: "Though I speak with the tongues of men and of angels, and have not love, I am become as sounding brass or a tinkling cymbal.'' It is in this love relationship, in this emotional element, that Freud seeks to find that which is responsible for the power of suggestion influencing the individual in a group. To use his own words, "a group is held together by a power of some kind, and to what power can this feat be better ascribed than to the 'Eros' which holds together everything in the world?''

To illustrate the nature and direction of the emotional ties in groups, Freud instances the Christian Church and the army. Therein he illuminatingly develops that in the case of the former, the love that Christ bears His brethren equally without favor, and that every Christian bears Him, has much to do with Christians being brothers, brothers in Christ, loving one another as Christ loves them. In the army the same regard by the commander-in-chief for each soldier through the various sub-chiefs has its influence in maintaining an *esprit de corps,* in that all are treated with equal justice and concern. Panic in an army, for instance, breaks out more readily, and assumes more dangerous proportions, when the emotional ties between the various components are weak. Each one then looks out for himself; group ties are broken. In the same way the sudden loss of the leader, his being killed, may precipitate a panic, since the emotional ties that bind the chief to the soldiers is severed. The emotional ties on the one hand between the individuals of a group and the head, as in church and army, and on the other among the members of the group for one another, serve to limit the activity of the individual in the group except in so far as he acts in concert, because of his emotional attachment in two directions. Outside of the group, these ties are not binding, and the individual does act more independently. In the opinion of the reviewer, the above deductions on the part of Freud serve to illustrate the importance of the emotional ties in the maintenance of group cohesion and unity.

Love, then, is, in a "wide'' sense, an important binding element in a group. It accounts for the limitation or diminution of hostility among the group members, the sinking of differences and prejudices for the "sake of the cause", not preventing at the same time the exhibition of envy, jealousy, and the like, on the part of the group or its individuals toward other groups or individuals outside of the group in question. The limitations, the infringements upon the narcissistic self-love entailed by virtue of the existence of love for the leader and the other group members account at least in a measure for this. The process effects a development from egoism to altruism. This love, an important factor in the civilizing process of both individual and race, has in it none of the directly sexual aspect of love. It depends for its activity and efficacy upon the de-sexualized component of the love impulse, and represents a step in the development of the love impulse toward object love. To this step Freud has given the name of "identification", and defines it "as the earliest expression of an emotional tie with another person".

The most typical example of identification is that found as one of the first steps in the development of the Œdipus complex, in which the little boy wishes to be like his father in every respect, and do what the father does. The father becomes the child's "ideal". This characteristically masculine attitude goes hand in hand for some time with a sexual attachment to the mother, until the fully developed Œdipus complex appears, in which the father is looked upon as an intruder, to be displaced. This now implies an identification with hostility for the person serving as the model. In the psychogenesis of male homosexuality, in the case of a boy strongly fixated on his mother, when, with puberty or shortly thereafter, the need arises to detach himself from the fixation that he may be free to choose a stranger outside of the home as his new love object, the boy, unable to do so, instead of abandoning the love object upon which he is fixated—namely, the mother—identifies himself with her. With his ego thus sexually changed in character, he becomes feminine, and takes such an attitude toward the male as his mother at one time took toward him. Freud instances other forms of identification, including among them a process of identification on the part of the ego with the lost love object which is concerned in the psychogenesis of melancholia. While this is of value to psychiatry, it need only be mentioned here to shed light upon the widespread existence of the process of identification, and its connection with the theme of group psychology. The point emphasized in this connection is that in the process of identification the libidinal (emotional) element is the wish to *be* (like) the love object, while in object love, the desire is to *have* the loved person.

While this is only the most meager account of the process of identification as found in psychoanalytic work and as enlarged upon by Freud in this book, the reviewer hopes that it will indicate the existence of the process in group psychology with sufficient clearness to enable the reader to understand the part it plays in the development of the theme.

Freud seeks to make this clearer by drawing upon findings in psychoanalysis with regard to normal heterosexual love and hypnosis, and comparing the emotional elements in the two fields. A condensation of the wealth of material offered in this connection is somewhat as follows: What is commonly called sensual love rarely yields, of itself, the most durable sort of union, or one that exists on a high plane. Combined with tender regard, in which the directly sexual elements are pushed into the background, love (heterosexual) approaches the ideal in proportion to the preponderance of the former over the latter. In children the directly sexual feelings directed toward the parents are repressed about the age of five, and the love ties for the parents from then on are based upon such emotions as are "inhibited in their aim", though the repressed still exists in the unconscious. These impulses, "inhibited in their aim", when joined at puberty with the directly sexual, are responsible for the existence of the tender *(zärtliche)* feelings for the love object, producing an "over-estimation" of the latter, bringing out the sentimental, spiritual side of love. The sexual may recede so far into the background that it plays apparently little or no part in the picture; the lover idealizes the loved object, in complete submission to his ideal. The love object is beyond criticism, takes on an idealization which may be in effect the idealization accorded by the lover to his own ego ideal found in the love object, but not reached by his own ego. The ego satisfies its narcissism, in that "the perfection his own ego could not reach, he finds in the idealized love object". In extreme cases the love object becomes more and more "precious and sublime", the ego correspondingly smaller, so that the directly sexual plays little or no part, though in fact its repression is responsible for the idealization. Freud's formulation of this is as follows: "The object has taken the place of the ego ideal." This expresses a crystallization of the process.

To continue with the comparison between being in love and hypnosis, illustrating thereby the most important emotional ties present in group formation, in hypnosis, just as in the situation of being in love, there is a complete yielding to the influence and control of the hypnotist; there is a loss of initiative, regard is directed exclusively toward the hypnotist; there is the same absence of criticism, the same complete acceptance, as in the condition of being in love. The hypnotist steps into the place of the ego ideal, because of the idealization of the hypnotist by the subject. The similarity to "ideal" love is more apt because in both situations there is an absence of the directly sexual impulses. The subject is fascinated by the hypnotist, just as the lover is by the love object. "The hypnotic relation is the devotion of some one in love to an unlimited degree, but with sexual satisfaction excluded; whereas in the case of being in love this kind of satisfaction is only temporarily held back, and remains in the background as a possible aim at some later time." The hypnotic relation may be described as a group relation in which only two are concerned. It is the relation in a group of the individual to the leader. Freud then attempts to formulate the libidinal (emotional) constitution of a group with a leader, a group that has not undergone too much organization, in the meaning of McDougall's conception of organized groups. The formulation is as follows: "A primary group of this kind is a number of individuals who have substituted one and the same object for their ego ideal, and have consequently identified themselves with one another in their ego.''

Freud's comment upon his own deductions thus far is that they emphasize too much the relationship of the individual in a group to the leader, and relegate to an unimportant position that of mutual suggestion. To clear up this apparent neglect, he seeks to submit to a further analysis the herd instinct, ''gregariousness'', as defined by Trotter in *Instincts of the Herd in Peace and War.*[1] With reference to this attempt on the part of Trotter to explain the mental phenomena of the herd, Freud's criticism is that Trotter seeks the explanation of these phenomena in an irreducible herd instinct, and does not give sufficient emphasis to the leader in a group. In Freud's opinion this instinct cannot be accepted as a biological element in the same sense as the sex and self-preservative instincts. Freud readily admits the existence of the sense of guilt and duty, as well as the possession of repressive forces. ''Psychoanalysis, however, has found these phenomena existing in the ego.'' In the study of the ontogenesis of the herd instinct, Trotter cites, as evidence of the existence of the instinct in a child, that it will exhibit dread (fear) when alone. Freud, on the contrary, attempts to explain this on the basis that it is not merely the being alone that excites the fear, but the absence of some familiar (loved) person, the mother; and adds that the fear of the child is not allayed by the sight of ''any haphazard 'member of the herd', but on the contrary it is only brought into existence by the approach of a 'stranger' ''. Freud suggests that we can see the origin of this herd instinct of Trotter in children, who at the start show little or no evidence of its existence, when they learn to repress the feelings of jealousy aroused by the advent into the family of newborn children. Since the child would forfeit or endanger the love of its parents for it by continued expression of jealousy for the newcomer, it will forego such expression to insure the continuation of the parental love, on the ground that all the children will share that love equally—that there will be no favorites. In school, where next in the life of the child it comes under the influence of the group, the same mechanism aids in the maintenance of group spirit—namely, equal justice to all. In the "most generalized form of assemblage" in which man passes his life, and the one chosen by Trotter as the kind of group formation that he seeks to explain, man will submit to group formation, aided thereto in part by the feeling that "social justice means that we deny ourselves many things so that others may have to do without them, or, what is the same thing, may not be able to ask for them. This demand for equality is the root of social conscience and the sense of duty. . . . Thus social feeling is based upon the reversal of what was first a hostile feeling into a positively toned tie of the nature of an identification . . . This reversal seems to be effected under the influence of a common tender tie with a person outside the group." The group members, as we saw in the examples of the church and the army, identified themselves with one another on the basis of being equally loved by the leader. All the members are equal, and are ruled by one, the leader. "Many equals, who can identify themselves with one another, and a single person superior to them all—that is the situation we find realized in groups which are capable of subsisting. Let us then venture to correct Trotter's pronouncement that man is a herd animal and assert that he is rather a horde animal, an individual creature in a horde led by a chief."

---

[1] New York: The Macmillan Company, 1916.

True to his desire to probe into the validity of generally accepted phenomena, Freud attempts—to be sure, from highly conjectural and problematical material—to bring Darwin's theory of the construction of primitive human society as a horde ruled over by a despotic leader, a powerful male, to aid him in finding therein a starting point for the group formation of to-day. In accord with this reasoning, the psychology of the primitive horde or group is like the regressive phenomena of primitive mentation of the not highly organized group individual of to-day, emotionally acting in concert with diminished intellectual and individual functioning. The leader of the primitive group acted independently, intellectually and emotionally. His self-love (narcissism) and independence were unlimited. "He loved no one but himself, or other people only in so far as they served his needs.'' His subjects were awed by him; they feared him; they feared his magic eye, and avoided his presence; they were dominated by him. The primal man still exists and ''emerges in every individual, and the primal horde in any random crowd''. In such organizations as the church and the army, for instance, cohesion and unity owe much to the ''illusion'' that every individual is loved equally by the leader. ''But this is simply an idealistic remodeling of the state of affairs in the primal horde, where all of the sons knew they were equally persecuted by the primal father, and feared him equally.''

From the influence of the primal father upon the horde, Freud deduces further insight into the ''enigmatic'' effect of hypnotism and suggestion upon group formation. The hypnotist even to-day is invested with magic power, he is credited with emanating ''animal magnetism'' to his subject, similar to the ''mana'' of the savage, making it dangerous for the member of the tribe to be in his presence or to meet his glance. The hypnotist effects his results chiefly by the power of his gaze, his eye. There is complete submission of the subject to the will of the hypnotist; the former concerns himself with the person of the latter only, to the exclusion of everything else. The subject yields by virtue of his ''passive-masochistic'' attitude, this attitude being in part the result of his yielding in childhood to the parental influence, according to Ferenczi, and in addition, according to Freud, to the individual's archaic inheritance from the primal horde. This yielding or submission is the attitude of primal man to his chief or leader, to the primal father.

A summing up of the deductions in relation to the influence of the primal horde and the primal father upon groups of to-day, and of the part that suggestion and hypnosis play in group psychology, may be best done in Freud's own words, as follows: ''The uncanny [traced by Freud, in his book, *Totem and Taboo*,[1] to the familiar of old] and coercive characteristics of group formations, which are shown in their suggestive phenomena, may therefore justly be traced to the fact of their origin from the primal horde. The leader of the group is still the dreaded primal father; the group still wishes to be governed by unrestricted force; it has an extreme passion for authority; in Le Bon's phrase, it has a thirst for obedience. The primal father is the group ideal, which governs the ego in place of the ego ideal. Hypnosis has a good claim to being described as [taking place] in a group of two; there remains as a definition for suggestion a conviction which is not based upon perception and reasoning, but upon an erotic tie.''

---

[1] Authorized English translation by A. A. Brill. New York: Moffat, Yard, and Company, 1918.

A study of the individual in a group shows that he has effected an emotional tie with the leader on the basis of an identification with him, by substituting the leader for his ego ideal and at the same time forming an emotional tie with the other members of the group by identifying his ego with theirs. Psychoanalytic study of the individual under other circumstances has also shown this ''differentiating grade'' in the ego. In the process of mental development, the individual separated a ''coherent'' ego from a repressed unconscious portion outside of this. Though protected by resistances, the unconscious manages on certain occasions to evade the ego ideal, acting as a censor, with a consequent gain of pleasure; in dreams and the neuroses we see partial success of the demands of the ego for pleasurable activity. In the opinion of Freud, the Saturnalia of the Romans, the festivals of some savage tribes, and our present-day carnivals, indicate the demands of the ego for a pleasure denied by customs in force at other times; at such times indulgences and transgressions are permitted of ''what are at other times the most sacred commandments. . . . But the ego ideal comprises the sum of all the limitations in which the ego has to acquiesce, and for that reason the abrogation of the ideal would necessarily be a magnificent festival for the ego, which might then once again feel satisfied with itself'', this last being a condition present as an absolute ''self-sufficient narcissism'' in intra-uterine life, suffering its first disturbance with birth and subject to restrictions by the ego ideal in the course of mental development.

This "differentiating grade" in the ego shows an interesting activity, according to Freud, in the manic-depressive psychoses. Without going into any technical detail, the gist of the deductions is that in the depressive phase the ego ideal rules with special strictness and severity the ego, into which has been incorporated the lost or given-up love object, now hated. The result of the relentless criticism and condemnation exercised manifests itself in the form of delusions of guilt and inferiority. In the manias—rather, when a depression changes to mania—an explanation of the change offered by Freud is that the ego ideal is fused into the ego, which has rebelled against the harsh treatment on the part of the ego ideal, and that now the ego reigns in place of the ego ideal. It now abolishes all inhibitions, indulging in a "festival" in the form of a mania.

The last chapter of the book embodies interesting elaborations of some points left incomplete in preceding chapters. Further investigation of the fate of the repressed sexual impulses (those inhibited in their aim) is made. The observation that the direct sexual tendencies and group formation are inimical to each other is further elaborated. In this connection Freud adds that the sense of shame is developed from a rejection of the influence of the group. Some suggestion is also made in this last chapter with regard to the development of normal love.

In closing, the reviewer wishes to say that because of the suggestive leads given in this book, a study of it ought to be of interest not only to the psychoanalyst, but to students who occupy themselves in other psychological fields. The wide-spread, profound, unconsciously exerted influence of the emotions in all sorts of human relationships receives in this book an emphasis that will be a stimulus to workers in the most varied fields of human activities.

A FRENCH VIEW OF PSYCHOTHERAPY*

DOUGLAS FRYER, Ph.D.
Professor of Psychology, University of Utah

In a very pleasantly written and interesting little volume, published in Paris, Dr. Pierre Janet of the College of France, presents both his own views on the subject of psychological therapy and the history of semi-psychological and pseudo-psychological treatment of the mentally ill. Much of the material is summarized, as he states, from earlier works, and the volume would have profited by a more careful and systematic arrangement of the contributions. Nevertheless, the impression that the reader receives of the author's personality is very charming and much of an informative and enlightening nature is to be gathered from the three hundred pages. The book may be viewed as a summary of what this well-known and distinguished figure in the field of psychotherapy has contributed through his voluminous writings.

The introduction states that "the first part of this book will summarize briefly the evolution of various methods of mental treatment by showing their historical origin; the second part will study psychological phenomena and the laws on which are based the most interesting of these methods; and the third will indicate in what manner these methods of treatment can be applied with some chance of success".

Under the heading *The Evolution of Psychotherapy,* the miracles of magic and of the church are considered briefly, while much time is given to an account of the doctrine of animal magnetism. "Animal magnetism", Janet writes, "seems to me to have played the rôle of intermediary between religious and magical treatments and the psychological measures of therapy; the studies that it has caused have prepared analyses of pathological psychology and have given a distinctive orientation to a large part of the science of psychology.'' The first period of animal magnetism began with Mesmer (1734-1815), who is considered the founder of mesmerism, but who is the least interesting of its writers. He was clever enough to talk of forces little known—of electricity, of nervous forces, of the influences of the planets which have an effect upon the human body by means of a universal fluid, and so forth. The second period began in 1886 or 1887 with the publications of the Marquis de Puységur or Dr. Pétetin. By accident Puységur produced a sleep in a patient which he termed somnambulism by analogy, and after this the study of producing somnambulism artificially was taken up. These early hypnotists felt that they were on the way to transforming a human spirit, to making it understand everything and know everything, but in spite of their philosophical hopes, they gave much careful attention to the patient, studying his mental states, the rôle of emotion, of attention and fatigue, so that for half a century these studies were preparing the way for contemporary psychology.

---

* LA MÉDECINE PSYCHOLOGIQUE. By Pierre Janet, M.D. Paris: Flammarion, 1923. 288 p.

As modern varieties of animal magnetism, Janet considers Christian Science—of which he gives an entertaining account, including some analysis of the psychology of Mrs. Eddy and her debt to P. P. Quimby—and hypnotic suggestion. The action of charms and amulets was ''understood'' in the Middle Ages, while in the seventeenth century Malebranche studied the ''contagious communication of strong imaginations'', and at the end of the eighteenth Maine de Biran, the ''father'' of modern psychology, De Beauchene, and Demangeon connected facts of this sort with the general laws of thought. Soon began the celebrated quarrel between the animal magnetists and the fluidists. Bertrand, in 1820, was the first to state clearly that artificial somnambulism can be explained simply by the law of the imagination of the subject, who sleeps because he thinks he sleeps and awakes for the same reason. The hypnotists showed themselves as distinct from the animists by this attitude of discarding the miraculous and attempting to study the laws of mental life. Very soon suggestion and hypnotism were applied to the treatment of nervous troubles, and good results were obtained by Lasegue, Morel, Georget, and Liebault. An attempt was made to study the anæsthetic value of hypnotism, but unfortunately at just this time the discovery of ether put an end to these researches, and about 1865 suggestion and hypnotism seemed forgotten as completely as animal magnetism itself.

For about twenty years hypnotism was scorned and left to charlatans, men of science not daring to concern themselves with it because of its being associated with the bad reputation of animal magnetism. From 1875 to 1883, however, a psychological school of hypnotism grew up about Charles Richet, which Janet considers of more scientific interest, although less known, than the ones that developed at the Salpêtrière and at Nancy. Charcot, by a veritable *tour de force,* made the Academy of Sciences, which had already three times condemned all research in animal magnetism, accept the result of his studies of the hypnotism of hystericals. The success of Charcot was extraordinary, but his conceptions were demolished to a great degree by the little manifesto which Bernheim of Nancy put out in 1884. The great battle was then on, but as Janet, himself a pupil of Charcot, says, the hypnotism of three phases, after Charcot, is simply *"un hypnotisme de culture"*, and the victory has gone to Bernheim. Immediately after the death of Charcot, hypnotism fell again into decline, physicians ceased to speak of it, while Dubois (of Berne) felt that in this treatment the dignity of the physician was lowered so that he himself *"a le rouge au front quand il se souvient qu'il lui est arrive de suggestionner un enfant pour l'empêcher de pisser au lit"*.

Under the heading of *La Liquidation des Souvenirs Traumatiques et la Psychoanalyse,* some interesting digs are made at the Freudians. In psychoanalysis, "there is a considerable development of a psychotherapeutic practice which recalls the enthusiasms excited by mesmerism, Christian Science, or hypnotism". Janet declares that in 1886-89 he himself stated that amnesia was often produced, not only for facts of the somnambulistic state, but for events of the ordinary life, when these events had been accompanied by a violent emotion, and that he studied cases by this method and explained the particular modification of consciousness which had taken place in the forgetting under the name of "*sub-conscience par désagrégation*". At this time a "foreign doctor", Sigmund Freud, came to the Salpêtrière and became interested in these studies. He published new observations of the same sort, calling Janet's psychological analysis psychoanalysis. Janet's "psychological system" Freud termed "complex", and Janet's "psychological dissociation" he baptized by the name of "catharsis". "But above all he transformed a clinical observation and a therapeutic process of precise and limited indications into a vast system of medical philosophy." It is the "originality" of psychoanalysis that it finds, not in some neurotics, but in all, traumatic memories relative to sexual adventures. "The most bizarre interpretations and sometimes the most extravagant attitudes, of words and above all of dreams, have no other object than to discover at any price in the subconscious impressive memories of this sort." "Psychoanalysis is to-day the last incarnation of those practices at once magical and psychological that characterized magnetism. . . . It is probable that it also will . . . decline; but like magnetism and hypnotism, it will have played a large rôle and given a useful impulse to psychological studies."

In the chapter *Les Therapeutiques Issues des Pratiques Religieuses,* Janet treats the value of isolation for nervous troubles, first realized in convent life, as well as the significance of reëducation, which has always played a great rôle in religious and monastic institutions. "The idea of applying to pathological troubles the procedure of education seems to have acquired importance as a sequel to the work of Séguin (1837-1846) and of those who occupied themselves with the treatment of idiots and the mentally deficient." Charcot was responsible for the regular treatment of hysterical paralysis by the reëducation of movements. A second epoch was characterized by the application of similar treatment to the paralyzed and to disturbances in movement of organic origin. In a third epoch these treatments were applied to various troubles presented by the neurotic which are not attacks of hysteria, properly speaking—most often to motor troubles and in particular to the tics of the psychasthenic. Persons with phobias are customarily maladroit and might be greatly benefited by this training in movement. This method of treatment is the opposite and the best criticism of the "rest cure" of Weir Mitchell.

The moral suasion of Dubois is likened to the treatment of Mrs. Eddy and is followed by a discussion of treatment by faith and by work. "In spite of the vague character of many of these studies, the authors have well displayed an idea which we have perhaps helped to establish—that nervous troubles arise from a fundamental alteration of activity. It is not a question of a trouble of sensibility, of memory, of reason, but of the functions of synthesis,[1] of the conception of reality, of psychological tensions." In France, Dejerine has followed the conception of Dubois and declares: "For me, the foundation, the sole basis on which psychotherapy rests, is the beneficent influence of one person upon another." Janet agrees that the personality of the physician may be helpful to the patient, and that the assumption by the physician of the direction of the patient's movements and activities is at times desirable, but he refuses to consider this method of treatment as at all sufficient for the various problems involved.

"Psychological troubles are troubles of conduct, and conduct is nothing but the *ensemble* of the external reactions of the living being. These external reactions cannot be regarded as totally independent of the internal actions of the organism. Among the physical symptoms that seem to have a particular importance in the evolution of the neurosis and of which the treatment should have more attention, *"troubles gastro-intestinaux"* are of the highest importance. Some of the patients do not eat enough, but many more eat too much. They show pathologic impulsions to eat all day. This is in harmony with the feeling of depression and with the instinct that makes us associate feebleness with hunger and treat it with nourishment. These patients are the inert ones who suffer from feelings of incompleteness. The difficulties of digestion in the stomach and in the intestines that so often accompany the state of mental depression develop in the same conditions as mental troubles after fatigue and emotion. Among women disturbances of the menses appear also. "It is unusual to find a woman seriously attacked by a depressive neurosis who keeps her regular periodicity." Likewise are found the vasomotor troubles with vascular instability. These observations have given rise to a second group of physiological theories of neuroses. Dr. Savill in particular observes that serious modifications of functions can be presented without any modification of structure when there is insufficiency of blood. Studies of the glands of internal secretion have also shown that psychological difficulties are part of the symptoms determined by alterations in these glands.

---

[1] In this connection it is interesting to note that Dr. Kohs, in his *Intelligence Measurement* (Macmillan, 1923) uses for his concept of intelligence "the ability of an individual to analyse and synthesize" (p. 172), and that in the use of his "block-design test", which he believes constitutes a measurement of these capacities, there is the indication of a different factor entering into the results of the test when applied to subnormals. For normal subjects the correlation between the "block-design test" and the "Stanford-Binet" was +.81, and for feebleminded subjects it was +.67. Kohs's contention is that the "block-design tests are a fairer index of their [the feebleminded] functional efficiency in various occupations than the Binet". (p. 182.)

The treatment of neuroses by repose is one of the most important methods of psychotherapy, for often these symptoms resemble those of fatigue and the circumstances that have precipitated them very frequently involve excessive labor and effort, whether of mental or physical work. Of course many neurotic troubles appear determined by emotions rather than by excessive work, but analysis shows that there is equally in the emotion an excessive expenditure of force and that in many ways the phenomenon of emotion is only a variety of fatigue. This conception, after Jackson and Mitchell and Playfar, was developed more rapidly in America than in France and England. Charcot partly adopted it, and in 1897 Magnan completed the reform of "no restraint" in mental hospitals, substituting treatment in bed for isolation in a cell. As a logical development, the use of hypnotism was tried, and Wetterstrand of Stockholm used the method of putting his patients into a hypnotic state, during which he suggested to them repose and sleep, in which condition he left them sometimes for more than three weeks.

In the second part of his work, Janet attempts to extract from the previous history those principles of treatment the validity of which is established; hence he treats of much the same material from a slightly different point of view—not so different, however, as would have been possible had he reserved his criticisms for this section. The first chapter considers again *"l'action morale"*, with the conclusion that we cannot deny completely the power of the therapeutic measures used by Mrs. Eddy and Dubois. Often valuable observations are secured, but the danger lies in inexact generalizations. Janet denies, however, that an ill can be cured by telling the patient the truth about his malady, if for no other reason than because of the difficulty of knowing the truth.

In discussing the characteristics of suggestion, he states that the subject always responds by action of some sort, but that this action is never completely carried out. *"La suggestion est une réaction particulière à certaines perceptions. Cette réaction consiste dans l'activation plus ou moins complète de la tendance evoquée, sans que cette activation soit complétée par la collaboration du reste de la personnalité."* Hypnotism is not so simple to explain; it is a "momentary and transient transformation of the mental state of an individual, sufficient to bring dissociations of personal memory and determined artificially by another man". But for suggestion or hypnotism to operate, it is necessary that "the subject possess in himself a disposition to accomplish the action, which one can call a tendency".

Under the heading *Psychological Economies,* Janet gives a number of interesting, if not entirely conclusive, views, particularly on the nature of fatigue and of psychological *"épuisement"*. "Fatigue is in reality a normal condition and not a disorder of the health; fatigue is nothing but the condition of the man who is resting, and the feeling of fatigue is nothing but a certain stage of the activation of this tendency." This feeling is far from being in proportion to the actual diminution of forces; it can exist in those who have plenty of reserve strength and can disappear in the ill who have exhausted their reserves. It is difficult to apply the idea of exhaustion to psychological functions, although easy to apply it to physiological, as in speaking of the exhaustion of the function of lactation. Nevertheless, the study of electricity would not have gone far had we waited to use it until we could understand the nature of the electric forces. ''We must have the courage to speak of psychological forces, to assert their diminution, their exhaustion, or their increase before knowing what is their nature and on what organ they depend.'' All the symptoms of hysteria, of delusions, obsessions, phobias, can be summed up by the conception of an insufficiency of psychological forces. *''La notion d'épuisement semble fournir une expression intéressante de ces insuffisances et pour de nombreux auteurs les nevroses sont devenues des maladies par épuisement.''* The origin of emotional trouble is analogous to that of fatigue. ''In each case the depression is produced by the expenditure of forces necessitated by action, whether adequate or inadequate.''

The writer mildly scorns the physiologists who think to improve their technique by saying of hysteria that ''the center of memory is dulled'', instead of, '' This patient shows forgetfulness'', and declares himself wholly for a behavioristic consideration in terms of action and conduct, such as are found in studies of animals.

It is difficult to know what actions are most exhausting, although, as Dejerine put it, they seem to be those accompanied by emotions. There are certain difficult actions which arouse in many persons psychological difficulties, so that we speak of the illness of the first communion, of the engagement, of the honeymoon, and so forth, while changes in manner of living, travel, vacations even, are often causes of exhaustion. ''Work, the occupation necessary for earning a living'', Janet states, ''exacts from almost all a great expenditure of forces. The life of the family, the reciprocal adaptation of persons who live together in the same house, is analogous to the occupational adaptations, and I believe that this adaptation and its insufficiencies are of the greatest importance in mental hygiene.''

''Mental disturbances are not always fatal things of which one carries the germ in oneself and which cannot be avoided. They depend in a great part on the life led by the subject and the situation in which he is placed.'' Many persons with inherited defects have renounced most of the activities that would precipitate their trouble, avoiding close associations, withdrawing into themselves, and leading fairly tranquil and satisfactory lives. These renunciations are acts of economy which result from the feeling of poverty, and are the equivalent of the fugue, of the impulsion which pushes the neurotic to leave this place at once, to go no matter where, provided he is no longer here. Fear of action in general comes from a recognition of insufficiency of psychological force, or it may be due to association of ideas, extensions of obsessions or delusions. A delicate diagnosis of phobias is required. Bed treatment and repose are for a time very useful, but continued too long, they produce undesirable effects, perhaps even new obsessions. The appearance of a feeling of ennui itself indicates a certain restoration of force. It is seldom necessary to reduce the patient to complete immobility. The true remedy is happiness, the returning of the individual to a simple life in which demands will not exceed his capacity to respond. Hystericals have been cured by a financial inheritance, and the renunciation of excessive ambitions, the acceptance of conditions sufficiently easy, will contribute to this happiness.

Often the removal of the patient from all society is of great benefit, for the relations with his family and friends, repeated every day, are often too costly for him and bring about his psychological ruin. Two particular symptoms are common: the mania for exercising authority when the person is quite incapable of this and the insatiable demand to be loved. By the first the patient seeks the assurance of his own superiority, and, on seeing others obey him, the assurance of their inferiority. By the other, persons incapable of loving any one seek to degrade the one from whom they demand love, thus again assuring their own superiority. This need of love plays an extensive rôle among the sick; they must feel some one always at their disposal, to defend, console, and amuse them, some one for whose services they will never have to pay anything. This feeling explains the frequent desire to "be loved for oneself alone". Such patients make scenes in order to verify their own power over others. Living with such people is very costly for every one concerned, and although a neurosis is not "contagious", it may develop in a healthy husband or wife who is constantly under the strain of living with a neurotic person. We find often a great number of the neurotic united in the same family or the same place, and this cannot always be explained on the basis of heredity.

Psychically exhausted persons are unable to understand the inevitable and to resign themselves to it; this is an act outside of their powers. Hence they often repeat an act which is badly adapted to the situation. They cannot modify the badly adjusted act, since such modification requires invention and initiative; so they do the simplest thing, repeating again and again the act already started, but seldom bringing it to completion, approaching more and more closely the automatic act. "This lack of adaptation is characteristic of all these patients without exception and it is this that determines most of their troubles as well as their psychic exhaustion."

Janet comments upon the favorable results of discipline as used in the army, some patients having declared that their military service was their happiest period. This beneficent effect is often found also by neurotics who flee to convents, and may even be a characteristic of marriage, in which one partner to the marriage may direct the life of the other through many years of comparative health.

Under the heading *Psychological Acquisitions*, after a fairly commonplace discussion of learning by trial and error and the development of habits (which contains no reference to the conditioned reflex), Janet takes up the three principles of excitation. The first is attributed to William James as the principle of the mobilization of forces. We do not at all times have at our disposal all the forces that we possess; the reserve is a fluctuating quantity. But in times of danger, of great emotion, and so forth, we perform energetic acts which could not take place without a mobilization of forces. Sick persons themselves tell of being exhausted by little things, while a great unhappiness returns to them all their energy. The more elemental the appeal, the greater the response. After such a discharge, the organism is obliged rapidly to furnish new forces to take the place of those used up, so that the use of these reserves, if not too often repeated, probably brings a desirable excitation of all the functions.

The second principle is that of psychological equilibrium. A woman who has passed through a crisis of emotion will become calm; a patient after an attack of convulsions will enter a quiet state in which he seems more normal than before the attack; patients who have quiet nights may have furious delirium in the morning. Of particular interest is the case of the patient who, as his bodily powers steadily decline, becomes calm in thought, loses his melancholia, and shows a renewed confidence in the future. Epileptics will often have no attacks while they are suffering from pneumonia, or even during convalescence. Through these various changes an equilibrium between the psychic force and the psychic tension is reached. The author's explanation of this is not particularly clear. The establishment of the normal state does not permit an unequal or partial rising of the functions, but requires all functions to be elevated at the same time.

This is expressed in the third principle of irradiation, or of "*syntonisation psychologique*". There must be a certain unity of tone in all the conduct. An energetic act not only puts at our disposition a greater quantity of force, but it also produces a higher tension, just as sleeping or resting produces a lower tension. The man who has committed a theft, a woman who has been told she is beautiful, a patient who has been complimented, will have an increased tension which will last for several days, an irradiation. Excitation that brings about a new disposition of forces may lift the normal person to a higher tension to which we apply the name enthusiasm or inspiration, while the abnormal it may succeed in bringing back to the normal level below which their tension has sunk.

In his consideration of "applications", at the beginning of the third part of the book, Janet states that the familiar division of nervous maladies into organic and functional has no meaning from the scientific point of view, for there is no illness without some organic modification. In the treatment of the so-called "functional" diseases, he states that suggestion and hypnotism have very erroneously been considered dangerous methods. Unfortunately this is not true—unfortunately, because no treatment is really powerful if it cannot become dangerous and "it is difficult to conceive a method which is at the same time efficacious and inoffensive". In 250 cases treatment by appeal to automatism showed an incontestable value. Conditions under which treatment by education can be used are much the same as those in which suggestion can be used. A much larger group is that of those who present an exhaustion of psychological forces. These patients always show a certain lowering of psychic tension, but the important thing is the exhaustion. Suggestion is of little value to these people, who have retained their reflective powers. Many methods have to be tried, among them the reëstablishment of digestive or circulatory functions, modifications of glandular secretion, and the like. The conditions under which it is useful to apply treatments by excitation are the least known and the most difficult to determine.

The following definition of psychotherapy is reached: "*Psychotherapy is an ensemble of therapeutic processes of all sorts, physical as well as mental, applicable to illnesses both physical and mental, processes determined by the consideration of psychological facts previously observed and above all by consideration of the laws which rule the development of these psychological facts and their association, whether among themselves or with physiological facts. In a word, psychotherapy is an application of the science of psychology to the treatment of disease.*"

This psychotherapy has not contributed all that was expected of it. Nevertheless, it has brought us to understand the relative nature of mental disease—that there is only a difference in degree between a slight disturbance of personality and a serious neurosis.

In conclusion, Janet quotes from his larger work on *"les médications psychologiques"*: "Psychology is compelled to deal with the problem of the economical administration of the forces of the mind. . . . At present psychiatry is able to utilize well feeble resources through avoiding unnecessary expenditures and through directing effort exactly to the required point. It can do more—it can teach the sick to augment their resources, to enrich their spirit. I hope that these works will not have been entirely useless to those who will one day discover the rules of the efficient administration of the psychological fortune."

THE RATIONAL BASES OF THE LAW*

S. SHELDON GLUECK, LL.M.

Member of the Bar of the State of New York; Graduate Student in Criminology, Department of Social Ethics, Harvard University

"To our great regret", said Haeckel, "we must endorse the words of Alfred Wallace: 'Compared with our astounding progress in physical science and its practical application, our system of government, of administrative justice, and of national education, and our entire social and moral organization remain in a state of barbarism.' To convince ourselves of the truth of this grave indictment, we need only cast an unprejudiced glance at our public life or look into the mirror that is daily offered to us by the press, the organ of public sentiment. We begin our review with justice, the *fundamentum regnorum.* . . . We readily admit that the majority of judges and counsel decide conscientiously and err simply from human frailty. Most of their errors, indeed, are due to defective preparation. It is popularly supposed that these are just the men of highest education, and that on that very account they have the preference in nominations to different offices. However, this famed 'legal education' is for the most part rather of a formal and technical character. They have but a superficial acquaintance with that chief and peculiar object of their activity, the human organism, and its most important function, the mind. That is evident from the curious views as to the liberty of the will, responsibility, etc., which we encounter daily. . . . Most of our students of jurisprudence have no acquaintance with anthropology, psychology, and the doctrine of evolution—the very first requisites for a correct estimate of human nature. They have 'no time' for it; their time is already too largely bespoken for lighter pursuits and purposes. Their scanty hours of study are required for the purpose of learning some hundreds of paragraphs of law books, a knowledge of which is supposed to qualify the jurist for any position whatever in our modern civilized community.''[1]

---

* RATIONAL BASIS OF LEGAL INSTITUTIONS. Edited by Albert Kocourek. With an editorial preface by John H. Wigmore, professor of law in Northwestern University, and an Introduction by Oliver Wendell Holmes, justice in the Supreme Court of the United States. New York: The Macmillan Company, 1923. 600 p. (Modern Legal Philosophy Series.)

While it is evident that Haeckel greatly exaggerates in his denunciation of the legal profession, it cannot be denied that there is much truth in what he says. Haeckel was writing of conditions early in the century that leaders among the teachers of law and members of the bench and bar in America had long pointed out and deplored. But it was not until 1910 that the leading teachers of law in America, at the annual meeting of the Association of American Law Schools, agreed that a ''modern legal-philosophy series'' ought to take its place on the shelves of lawyers and judges with the legal ''reports'', Blackstone, and other honored denizens of the lawyer's library. At that important meeting a resolution was passed ''that a committee of five be appointed by the president, to arrange for the translation and publication of a series of continental master works on jurisprudence and philosophy of law''. After much labor the Modern Legal Philosophy Series, including such significant pioneer foreign works as Von Ihring's *Law as a Means to an End* and Kohler's *Philosophy of Law,* and such quarries of foreign and local thought upon the rational (as well as, occasionally, the *rationalized*) bases of legal institutions as *The Scientific Basis of Legal Justice* and the work at present under review, have been added to the armory of the thoughtful teacher of law.

Whether such works are being imbibed, even in sips (not to speak of drafts) by practicing lawyers and judges is another question. There is among members of the legal profession a spirit of suspicion against ''mere philosophy'', which, as Novalis long ago observed, ''bakes no bread''. ''Law is law'' for most lawyers and judges, and not psychology, psychiatry, ethics, economics, sociology. Judges still delight in ''strong decisions''. We are still reminded that law has little to do with morals, as we were by Lord Esher, in his dictum:

---

[1] *The Riddle of the Universe,* by Ernst Haeckel. New York: Harper and Brothers, 1905.

"I agree that it is the law, though I think it is hard law; *but we have nothing to do with the question of hardship.*" (*In re* Perkins, etc., 24 Q. B. D., 613, 618, 1890.)

The curricula of few of the American law schools include any course for undergraduate students of law like the inspiring and illuminating course in jurisprudence given by Dean Roscoe Pound to graduate students in law at Harvard. True, law schools of the better class to-day demand at least two years of collegiate work from applicants, but we all know that by the time students have arrived at the law school most of what they have learned in the fields of the social and natural sciences has been forgotten. Even if it were remembered, there are few colleges to-day that make any systematic attempt to *synthesize* the various subjects taught; there are few courses given with the primary object of coördinating the facts and methods adduced in the various disciplines. So the student arriving at the law school cheerfully sheds the multi-colored skin of "cultural subjects". This is undoubtedly one of the strongest indictments against the modern collegiate course of study. Most professors of law have not the training or the time to relate the decisions studied in the classroom to the prevailing social and economic philosophies.

At any rate, in the law schools of America (far more than in the Continental law schools) the tendency is to divorce the technical law from the other social sciences. The student still "reads law", as he did in law offices fifty years ago, albeit now in a much more systematic and orderly fashion; he is still taught "legal reasoning", and he naturally takes it for granted that the "ultimate principles", the "immemorial tenets" of his chosen profession, his intellectual instruments, are not open to criticism, or, at the most, can be criticized only by the law itself. It is still forgotten, in many legal quarters, that the law is but one of the instruments of social control, a means that is capable of constant improvement with the progress of science and of the "science of sciences"—philosophy. It is still not admitted that while it is perfectly proper to use the law itself as a critique of the law, the other social sciences must also make important contributions to the criticism of the law.

The present volume, therefore, supplies a crying need. "The object of the work", according to its distinguished editors, "is to set forth the principal reasons on which our fundamental and immemorial legal institutions have been rationally supported or assailed." The editors justifiably assert that "whatever questioning may have taken place in the realms of philosophy, of ethics, of economics, of social science, has not disturbed the peace of the legal profession, nor even come to its notice. . . . Of late, however, the theories of the philosophers, the economists, and the sociologists have passed out into the world of general debate and current politics. The fundamentals of the law are discussed by the Man in the Street. And so the lawyer can no longer afford to ignore them. They have ceased to be closet theses and have become popular themes. When the educated (or half-educated) public begins to discuss the rationality of fundamental legal institutions, the lawyer, too, must equip himself in those themes. They come home to him for reflection as a professional master of the law. Hence this book."

The book is a compilation of significant articles illustrative of definite trends of thought in the social sciences, as related to legal institutions. While some of the articles go back to the nineteenth century, many of them are the fruits of the thought of contemporary scholars and publicists. The book, moreover, is itself evidence of a rational approach to legal problems; indeed, it might be said that the topics selected and the manner of their presentation illustrate in themselves one of the rational bases of legislation and judicial decision—namely, the concept of *balance* between more or less conflicting social theories and social and individual interests. For the essays are presented in a calm and detached spirit; no types of thought, no schools of economics or sociology, are permitted to take the stage unopposed by others. The articles bear almost every conceivable philosophical brand. "Conservative" and "radical" both have their day in court; and one gets the impression that the actual legal institutions are pretty much the result of wise compromise on the basis of social experience.

The volume is divided into five fundamental topics with which, among others, the law has to do: liberty, property, succession, family, and punishment.

It is impossible, within the compass of a review, to go into great detail about the numerous theses defended in this compilation. A brief statement of each of the classes of topics treated, with reference here and there to significant names in the roster of authors, might be instructive. Under the subject of *liberty,* the individualistic creed, ranging from its pristine state to its greatly modified modern complexion, is presented by excerpts from the works of Spencer, Mill, Sedgwick, and Jetho Brown. The pregnant and controversial concept of *competition* is next discussed by such writers as Burgess and Park. The utilitarian theory of the obligation of contract is represented by Bentham's views. This is followed by a pithy account of the breakdown of exclusive individualism, and by Professor Ely's well-balanced exposition of the fundamental theories of "distributive justice".

Dean Pound's scholarly and timely sketch of the subtle historico-philosophical influences that gave rise to modern judicial opinion as to "liberty of contract" is a striking demonstration of the fact that philosophical theories do pervade judicial opinion, as Dean Pound convincingly proves. But the trouble is that many of the philosophical theories current in modern judicial opinion have nothing but the respectability of age to commend them. Another difficulty is that most judges do not seem *conscious* of the fact that their decisions are made in conformity with the mental picture they have of the aims and ideals of the law. Dean Pound shows that many important "fundamental principles" which have formed the premises for such vital socio-legal concepts as "liberty of contracts", for example, have their roots in eighteenth-century philosophy of law. Much that lawyers of to-day regard as fundamental, unchangeable, and "immemorial" in the law was imported into it from the theories of eighteenth-century individualism; and "the pretended contempt for philosophy in law . . . keeps the legal profession in the bonds of the philosophy of the past because it is to be found in law-sheep bindings". Dean Pound's masterly commentary upon that famous example of judicial obstacle building, the case of Lochner v. New York (198 U. S., 45), especially upon Mr. Justice Holmes' classical *dissenting opinion,* should be read by all workers in the social sciences.

Dean Pound's essay suggests one of the most important aims of a volume such as we are discussing—namely, to permit judges to take an occasional intellectual inventory of their possessions in fields other than the law. This would make them *conscious* of the influence of current or outworn philosophical theories upon their decisions, where they have been unconscious of the fact before, or have serenely disposed of "cantankerous" cases through the convenient fiction of "distinguishing" one case from another, where the facts may be different, but the principle behind them is the same.

Professor Carver's persuasive and logically sound exposition of his own concept of *laissez faire, The New Individualism,* concludes the series on the subject of liberty. The reviewer commends this article as one written by a scholar of ideals who at the same time is guilty of so much "conservatism" as to insist upon keeping his feet on the ground.

The articles under the four remaining heads of property, succession, family, and punishment are presented in a similarly logical manner. It would take too much space to present these essays in detail, but certain ones may be noted for various reasons. The two most important articles for the general reader, under the head of *property,* seem to the reviewer to be Laveleye's useful description of the fundamentals of the various theories of property which have been advanced, and Albion Small's outline of the sociology of property. Upon this background the reader may sketch such theories as he may be interested in. Similarly, Lecky's outline of the main socialistic theories may be used as a background upon which to paint the theories that are being put forward to-day.

Under the subject of *succession,* the reader will find McMurray's sketch of the various theories and practices of testation, Bentham's justification of the rights of succession from his utilitarian point of view, and Charmont's study of the practical social and economic consequences of the three principal types of inheritance (testamentary liberty, enforced conservation by securing transmission of property to one person, usually the eldest son, and enforced partition among a large number of persons—*i.e.,* the heirs as a whole). Charmont treats especially of the practical results of enforced partition of estates, arriving at the conclusion that it would be desirable to increase materially the number of instances "where an heir might be legally declared disqualified to inherit". He is of the opinion that some of these additional causes of disinheritance "would perhaps be the condition and consequence of marriage reform; while freeing it from family pressure, while releasing the son from the necessity of having the parents' consent, the latter would be allowed to leave him nothing".

The important topic of the *family* includes such well-known essays as Fiske's account of the "family as an instrument of social evolution", with reference to the psychological changes effected by family life. Professor Ellwood's essay on the social function of the family—its tasks in the continuation of the species; in conserving social possessions, spiritual and material; in acting as a school, wherein the rudiments of morality, of religion, of government, of law, and even of industry are transmitted; and as an instrument for social progress through the development of altruistic sentiments—is a lucid exposition, in an orderly and logical manner, of the forms of the family. Polyandry, polygamy, monogamy are considered from the point of view of the greatest spiritual and material good to be derived by the individual and the group under each of these institutions. The great obstacles to the achievement of these benefits—the mental conflicts between children and parents, between the old and the new generation, between the "only son" and his newly arrived, competing "baby brother" or sister, in other words, the vast number of *mental-hygiene problems of family life*—are not represented in this series.

Dewey and Tufts' much read *Ethics* contributes an essay on the biologic and economic aspects of the modern family. Havelock Ellis' glance into the future status of marriage constitutes a consideration of some of the subtle as well as open changes now taking place in the institution of marriage, with a prognostication of whither the trends are leading. Howard's *Education as a Cure for Divorce*—the keynote of which may be found in his emphatic belief that "it is a very low moral sentiment which tolerates modern wife purchase or husband purchase for bread, title, or social position"—affords much food for thought. Doctor Cabot's delightful essay *The Spiritual Justification of Monogamy,* taken from his widely read *What Men Live By,* concludes the series on the family. In simple and earnest style, shot through here and there with optimism and wit, Doctor Cabot treats of those more spiritual fruits of the marriage relation which are too subtle and intangible for the law successfully to guarantee and secure.

Under the topic of *punishment,* the customary exposition of Oppenheimer is replaced by Willoughby's account of the various theories of criminal responsibility and justification for penal treatment. Bradley's conception of criminal responsibility as related to moral responsibility, Von Bar's "reprobation theory" of punishment, developed with Germanic rigor, and Hall's treatment of crime as a social product conclude this topic and the book.

The selection of topics comprised in this book was, on the whole, wisely made. Some differences of opinion as to the order of topics under the main problems might be raised, and reasons for the omission of certain articles might be demanded; but what similar compilation has escaped such criticism? On the whole, the arrangement is admirable, for *general sketches* of the main theories in each particular field are followed by individual views developed in more detail.

One or two criticisms seem justifiable, however. The reviewer was surprised to find not a single essay upon fundamental psychological principles, which are at the basis of practically all (if not all) the topics treated. Even in economics, where the fundamental concepts must always be *physical* (as, for example, the "law of diminishing returns"), the psychological factor cannot be overlooked. Nor do the leading economists ignore it. In the field of *liberty,* of *contract,* of *distribution of wealth,* and the like, many of the authors, such as Professors Ely and Carver, speak of the fundamentals of "human nature". Again, theories of punishment cannot ignore "human nature", both healthy and morbid. But what is this "human nature"? What are the motives, the "springs of action", which operate individually and socially? What are the emotions and what part do they play in the various institutions discussed by the writers in this series? What are the sentiments? Are there "complexes"? And, if so, what is their rôle in the building of social institutions, and within those institutions? What is the place of mental hygiene in the life of the individual, the family, the community? Are its devices made use of by judges, in divorce and criminal cases, for example? Can modern psychology and psychiatry offer any *practical* suggestions for the reform of our penal institutions and the theories of punishment they imply? Is there so much unanimity upon these fundamentals as to justify the omission of one or two introductory essays on this subject of "human nature"? At least for the sake of clarity of exposition, is it not necessary that social ethicists and economists agree as to the meaning of the fundamental psychological concepts that they employ?

The reviewer believes that at least one or two essays on the subjects that these questions raise would have been helpful. A summary of Professor McDougall's opinions, on the one hand, and of Doctor Watson's views, on the other, while not covering the whole field suggested, would have added to the value of the compilation. In justice to some of the writers, however, such as Professor Ellwood, it should be said that here and there an occasional essay in the series contains a more or less clear exposition of the psychological premises upon which the writer proceeds.

In spite of the weakness mentioned, the volume would make a useful addition to the library of any socially minded lawyer, judge, physician, social worker, minister, or business man. Of course, it covers the rational bases of but one form or instrument of social control—the *law*—although, in doing so, it makes inevitable excursions into the realms of morality, religion, the home. For the social worker who desires a compilation covering social theory and practice, and embracing some of the other instruments of social control, Professor James Ford's recent *Social Problems and Social Policy* should make an excellent companion volume to the present one.

There is another purpose to which this book on the rational basis of legal institutions might be put—*i.e.,* as an experiment in legal education. It might be used as a reference or textbook in law schools, the assignments to be made and discussed before the various fields of law covering the different topics embraced in the book are taken up for *legal* study. By constant referring back to the rational basis of the various legal institutions while the reported cases are being discussed, the relationship between the institutions of law and social philosophies will be made part of the law student's point of view on these subjects.

"We are only at the beginning", says Mr. Justice Holmes, "of a philosophical reaction and of a reconsideration of the worth of doctrines which for the most part still are taken for granted without any deliberately conscious and systematic questioning of their grounds."[1] By the use of such books as the one under review, along the lines suggested, and by teachers trained both in the law and the social sciences, we can hope to develop a generation of legislators, lawyers, and judges possessed of the proper mental balance between a purely "conceptual" and ancestor-worship outlook on the law and a point of view that embraces the social demands of the day and age.

[1] *Collected Legal Papers.* New York: Harcourt, Brace, and Howe, 1920.

NURSING EDUCATION AND THE MENTAL HOSPITAL*

WILLIAM L. RUSSELL, M.D.
Medical Director, Bloomingdale Hospital, White Plains, New York

In 1919 the Rockefeller Foundation appointed a committee to make a study of nursing and nursing education in the United States. The report of this committee, embodying the results of the study and recommendations based upon them, has recently been issued in book form by the Macmillan Company.

The special interest in the report, for those who are concerned with the treatment and prevention of nervous and mental disorders, lies in the appreciation shown of the importance of this subject, in the recommendation that all nurses should receive some instruction and training in the nursing of these disorders, and, last but not least, in the rather startling proposal that the independent schools of nursing connected with the hospitals for nervous and mental diseases, in the development of which so many hard years have been spent, should be discontinued and replaced by an affiliation system, with a two-months course for the students of general-hospital schools.

To be able to estimate properly the extent to which the views and recommendations presented in the report can be safely followed in the further development of nursing and nursing education, it is necessary to know something of the character and purpose of the study of which they are the result. The committee was appointed "to conduct a study of the proper training of public-health nurses", and the members were selected with reference to their particular interest and, in most instances, their active participation in public-health work. The chairman was a sanitary engineer and a professor of public health. Three of the other eighteen members were physicians who were professors in medical schools, one of them a psychiatrist who had formerly been medical director of The National Committee for Mental Hygiene. Eleven were or had been actively engaged in public-health work, or were in purely educational work. Four only were engaged in the administration of schools of nursing or of hospitals, of whom two were physicians who were directors of university hospitals, one was director of a university school of nursing, and one only was director of an unattached general-hospital school. The hospital and training-school representation was added a year after the committee was appointed, and after it had become clear that "the entire problem of nursing and nursing education, relating to the care of the sick as well as to the prevention of disease, formed one essential whole, and must be so considered if sound conclusions were to be attained". It was found advisable, therefore, to broaden the scope of the inquiry so as to include "a study of general nursing education" and "to survey the entire field occupied by the nurse and other workers of this type". The zeal of the committee for its task may be gathered from the following statement which appears in the discussion of the first topic dealt with in the report, *The Rôle of the Nurse in Public Health:* "We have sought during the past twenty years for a missionary to carry the message of health into each individual home; and in America we have found this messenger of health in the public-health nurse." The committee very truly adds: "It was, therefore, to the question of the necessary and desirable equipment of the teacher of hygiene in the home that we first directed our attention." This fundamental purpose exercised a controlling influence in all the activities, views, and recommendations of the committee and of its secretary. The report of the survey of "the entire field occupied by the nurse and other workers of this type" occupies 146 of the 585 pages of the volume. Of these, 122 pages are devoted to public-health nursing, 23 to the work of the nurse in private practice, and one page is considered sufficient for the work of the nurse in institutions. In regard to the latter it is said: "It consists primarily of the duties of bedside care", which "in no way differs from other bedside care and therefore needs no separate treatment". As there is in hospitals and other institutions, and in private nursing, an immense and varied field of special nursing for much of which additional or separate training is more and more clearly perceived to be necessary, and much difficult and delicate nursing which is not bedside care at all, it is evident that the report can hardly be depended upon for information and safe guidance in regard to the nursing needs of all classes of sick persons. Similarly, in the section on postgraduate courses, 41 of the 61 pages are devoted to courses in public-health nursing, 10 to courses for teachers and administrators in schools of nursing, and 10 to the Teachers College of Columbia University. Elsewhere in the report, reference is made to the desirability of postgraduate training in social work, but no mention is anywhere made of the courses that are given or needed in other branches of nursing.

---

* NURSING AND NURSING EDUCATION IN THE UNITED STATES. Report of the Committee for the Study of Nursing Education and of a Survey by the Secretary of the Committee. New York: The Macmillan Company, 1923. 585 p.

It was, of course, necessary for the committee to limit the scope of its work. The "entire field occupied by the nurse and other workers of this type", including the question of their education, is, moreover, of very wide dimensions. It is not surprising, therefore, that careful consideration could not be given, by the committee, to many important parts of it. These limitations, while they do not seem to have been clearly discerned by the committee, must, however, be kept in mind if the valuable information and suggestions presented are to be applied without jeopardizing the present standards and future progress of the nursing of large classes of sick persons. Notwithstanding the paramount importance of prevention of disease, the study and treatment of the sick are equally important and are an essential part of the work of prevention. It is, then, neither wise nor necessary to swing into line for the training of public-health nurses all the hospital and other resources for teaching and training nurses.

In its presentation of the extent and serious effects of nervous and mental disorders and the need of enlisting, in dealing with the problem, the services that can be rendered by nurses in public-health work and in general nursing, the committee has made a real contribution to the advancement of mental hygiene. The report does not indicate, however, a full understanding of the difficult nature of the problem, or of the study and experience required for adequate dealing with it.

It also fails to show a realization of the impossibility of making much progress toward prevention without conserving and improving the existing agencies for study and treatment and for education. The discovery that, "with psychiatry definitely entering the field of prevention", nervous and mental diseases have become "special points of attack in the public-health campaign" doubtless accounts in great measure for the consideration given by the committee to a subject that, only a few years ago, would have received no notice whatever. The committee find that "it is evident that some knowledge of the principles of mental hygiene and of the resources that are available for dealing with mental illness and the mental factors in general illness must increasingly be part of the public-health nurse's equipment". The value and necessity of some training in the nursing of nervous and mental disorders for all nurses is, however, also recognized. "The mental factors in all diseases, the need of reckoning, for physical as well as mental health, with humanity's instinctive reactions and cravings, is receiving a constantly growing recognition and emphasis. All the more necessary has become the training of nurses in the mental and nervous field", states the report, and it adds that "for the nurse whose future work is to be characterized by a peculiar intimacy in human contacts, obviously an initiation into the newer ways of attacking these subtle problems of mental health is indispensable". This clearness of perception does not, however, seem to extend to the standards and methods that are essential to adequate training and nursing in this field.

The committee found, as a result of its "study of the functions and performances of the nurse in her various fields of service", that "there is need of a basic undergraduate training for all nurses alike". A course is outlined which, the report states, "would furnish a complete education for a student desiring to practice as a bedside nurse in private duty, or in hospitals or other institutions". The course proposed covers the "four accepted services, medical, surgical, pediatric, and obstetrical", to which are added communicable and nervous and mental diseases. The details of the course, and of the committee's views and recommendations concerning nurse training and the hospital school of nursing, cannot be discussed within the limits of a review that aims to consider only what is important in the field of nervous and mental disorders. It may be briefly stated, however, that the course is based on the view that the student's relationship with the hospital is solely educational and that a paid service "for the care of the sick in the hospitals . . . will have to be provided". The student is to be relieved of all duties and activities that do not contribute directly to her education. In this way, the committee believes, the course of training can be reduced below the three years now required. The theoretical instruction is to be given by trained teachers and carefully correlated with the practical training. The ward training is to be "planned to give a progressively graded and integrated course". Much emphasis is placed on "teaching and instruction in case records, and case reports by students should be regularly required". The course is designed for the education "of the graduate nurse trained to care for acute disease". "Chronic services" are regarded as "of little benefit to student training" and "of negligible value to students at all times". The precise meaning to be attached to the words "acute" and "chronic" is not, however, made clear. Any illness that is protracted may be regarded as chronic, though not necessarily irremediable, and the knowledge, skill, and personality required to carry a chronic illness to a successful issue can hardly be considered inferior, and may, indeed, be superior, to the qualifications required in nursing acute illness. It seems strange, too, that the committee should so subordinate chronic disease in their plan of nurse training, as it is beginning to be recognized that the public-health problem that will receive most attention in the future is the prevention and control of the degenerative conditions of middle and later life. It is evident that, while the committee has endeavored to outline a basic course that would be suitable for the training of all nurses, the course actually suggested was shaped principally with reference to training the nurse for the emergency situations in nursing and "above all", as the report states, in her rôle of public-health nurse, responsible for the teaching of health to the families in her charge. The apprenticeship features of the present system find little favor with the committee, and they certainly leave lacking much that the committee seeks to supply. They furnish, however, experience and training in practical facility and in responsibility, similar to the practical experience that the physician gains in his interneship and the engineer and the architect, with whose education the committee compares that of the nurse, in the lean years spent immediately after graduation in subordinate capacities. A nurse,on the other hand, ordinarily goes at once into remunerative occupation on leaving school. One cannot but feel some doubt as to the results of a system of training that eliminates along with the defects the obvious advantages of the present system. Much is contained in the section *The Hospital School of Nursing* that should be given careful study by the directors of hospitals and schools of nursing, but it should be viewed in the light of the knowledge that has been gained by experience with practical needs. The volume is not suitable for the students' library.

It may be of some significance and importance to the future of practical psychiatry and mental hygiene that, in the schedule of theoretical instruction specified for the basic course, as many hours are assigned to nervous and mental diseases as to medical, surgical, and communicable diseases. For practical training, it is recommended that affiliations be made with special hospitals for a two-months course, or, if this is not possible, that the opportunities offered at the school hospital by neurological and delirium cases be utilized for clinics and classes of instruction in ''the modern nursing and treatment of mental disorders''. This is a distinct advance on what has heretofore been provided in courses of training for nurses. The report no longer refers to it as an ''initiation'', however, but as ''the thorough training in the specialty recommended'', and no suggestion is anywhere made that there should be additional training. Unfortunately, the survey made for the committee did not include the careful study of a hospital for mental disorders or of a school connected with one of these hospitals. The views and recommendations presented are, therefore, not based on a study of the nursing needs of the patients in these hospitals, or of the training required for nurses in the large and ever-widening field of mental nursing. The views expressed were formed as the result of information secured from an examination of the reports on five schools obtained at the office of The National Committee for Mental Hygiene. These reports disclosed to the committee "how far these institutions will have to go before they will be equipped to offer safe affiliations". The principal defects found were that (1) the educational requirements for admission were at too low a level; (2) there was a joint training for attendants and nurses, without differentiation until the third year; (3) understaffing, overcrowding, and totally inadequate supervision put a premium on the subordination of educational standards to the immediate urgencies of the work, even in several of the schools in which the curricula compared favorably with those of general hospitals of good standing; (4) the time allotted for affiliation for medical, surgical, pediatric, and obstetrical training (six to twelve months) was "hopelessly inadequate"; (5) no definite assignments to specific services were made for such medical and surgical training as could be given at the hospital. It is unfortunate that the committee, before making its drastic recommendations, did not at least study carefully one or more of the most successful schools discoverable in the public hospitals for mental diseases. The success of even one such school, not only in furnishing graduates for its own service, but as one of the principal sources of supply for graduates for private general nursing in the district, might have suggested the possibility and advantage of overcoming the defects instead of discontinuing the schools, for the continuing of which there is a need that cannot be overestimated.

The plan of nursing education advocated by the committee is only for schools connected with general medical and surgical hospitals, with "wide extension of affiliations with special hospitals, such as maternity and childrens' hospitals, institutions for mental and nervous cases, for tuberculosis, etc., and the restriction of these special hospitals to training in their specialty". The committee believes "that such hospitals can perform a better service by giving special training to affiliates than by attempting to conduct independent schools". It was also found that "comparatively few, again, of the special public hospitals for mental diseases have been in the past, or are to-day, of a calibre or equipment fit for the training of nurses". Deprived, therefore, of their independent schools, and condemned as places for affiliation courses, these hospitals are entirely left out of the general scheme of nursing education proposed. As they provide for 90 or 95 per cent of the cases under hospital treatment, the significance of this to the nursing requirements of this immense group of sick persons, and to nursing education as well, is grave.

The situation would seem to require the careful consideration of all who are interested in the treatment and prevention of nervous and mental disorders. It might very well be made the object of a special study by such organizations as The National Committee for Mental Hygiene and the American Psychiatric Association. The report of the Rockefeller Committee states that the number of beds in hospitals for mental disorders exceeds that in all the other special hospitals combined. It has also been said to equal, if not to exceed, the number of beds in the general hospitals. The patients cared for present a variety of disorders, in which the whole personality is involved. In their study and treatment, all the resources of general medicine and surgery, of some of the specialties, and of the agencies for personal and social readjustment must be employed. This immense field, with its growing relation to the problems of illness generally, must be regarded as somewhat different from that of the more limited specialties. Experience shows that it is extremely doubtful if an adequate nursing service can be supplied, for the hospitals and for the nursing of nervous and mental cases in private practice, in any other way than by means of independent schools, which will, by thorough affiliations, as well as by a proper utilization of their own resources, give a complete training. Nothing has contributed more to the improvement that has been made in the personal care of the patients in these hospitals than the present schools, which have, by long and hard effort, been developed to their present stage without much help from outside the hospitals. Since the early unsuccessful attempts to employ general-hospital graduates to organize these schools, it has been found that the training of such graduates—as Dr. Cowles, who established the first school, has written—in a measure unfitted them for understanding and dealing with the mental problems of sickness. Experience has proved that only by starting the student with mental cases and getting her viewpoint well established on that basis can the best results be obtained. No one can at present anticipate to what extent the growing perception of the mental aspects of illness and of the contributions of psychiatry to the understanding and treatment of sick persons and the prevention of illness may result in modification of the education of both physicians and nurses. The "four accepted services" of the training of to-day may be revised. They have been "accepted" not so much because of their educational value as to meet the practical demands of the period. One can conceive that in a few years a student nurse may, if she so elect, be permitted to omit such a subject as obstetrics, if she expresses her intention of declining such cases in practice, and to substitute nervous and mental diseases on account of their basic educational value, and because cases of nervous and mental disorders, and the mental problems of illness generally, cannot be avoided in any kind of nursing practice. That the schools in the special hospitals for mental disorders should be placed on a better footing and generally improved is clearly an urgent necessity. The difficulties in securing adequate understanding and support for the work are, however, enormous. They are in some measure revealed in the lack of clear understanding and of helpful, sympathetic support displayed in this report. They are fully known only to those who are actually engaged in the work and their immediate supporters, who must continue earnestly to endeavor to maintain what has been thus far gained and to remove the obstacles to further progress.

Several other topics of importance besides those reviewed are discussed in the report, as well as many details relating to nursing and nursing education, which should receive careful consideration. Concerning the relationship between the school and the hospital, the committee states that "to make clear the fundamental fallacy in the relationship of hospital and training school is in a sense the center and focus of our study", and it recommends that the management of the school be made independent. More specific and adequate support for the educational work of the hospitals is, indeed, greatly to be desired. It seems quite unlikely, however, that any competent board of hospital managers will consider it feasible, as long as any part of the nursing of the patients is carried on by student nurses, to relieve the hospital superintendent of the ultimate responsibility for their supervision and control.

The report of this committee cannot fail to influence greatly the further development of nursing education. The revelation made of defects and needs cannot be ignored. The value of the views and recommendations offered will, however, be determined by the consideration and trial given them by those who are charged with the practical responsibilities of conducting such education, and nothing will be adopted that will impair the quality of the service furnished the sick of all classes. As the committee says, ''to the imperative demands of suffering all other considerations must yield''. The report has, however, received the enthusiastic approval of the nursing periodicals and organizations of the country, and is likely to be looked upon as a reliable and authoritative guide in the shaping of legislation and of the official regulations that now control the standards and methods of the schools of nursing and of nursing education. For this reason, if for no other, it should be carefully studied by those who are interested in the great field of nervous and mental disorders, and such steps as may be necessary should be taken to insure careful attention to the needs of this field in any measures contemplated, and to prevent the substitution of inferior schemes of training and practice for those that experience and sound judgment have shown to be essential.

A SELECTED LIST OF BOOKS ON MENTAL HYGIENE AND ALLIED SUBJECTS

FRANKWOOD E. WILLIAMS, M.D.

Medical Director, The National Committee for Mental Hygiene

There grows slowly a literature on the subject of mental hygiene. Judging from the number of titles announced by publishers, one might think that the amount of literature available was very large indeed, but this is hardly the case. Many of the books on the subject of mind and mental health that have come from the presses in the last three or four years are of little value. Recognizing the increased interest in matters of mental health, individuals with a facility for composition, if little knowledge, have readily prepared their wares, and publishers have not been slow in accepting them. The result has been considerable confusion as earnest people have tried to find their way about, unguided, among the attractive titles and book jackets.

The following list of books has been prepared as a partial guide for those who seek information, but who are not sufficiently familiar with the field to choose unaided. The list is, of course, a selected one. In its preparation a very large number of books have been considered. It is not to be inferred that because a book does not appear upon this list it is a worthless book. It is hardly possible that every book of value has come to our notice. It can be assumed, however, that any book that has been widely advertised which does not appear has been omitted because it was not considered of sufficient value to be admitted. One would like to print a list of much advertised books that are not reliable in their presentation of data—but such a plan is hardly feasible. However, from titles obviously omitted readers can easily make up such a list for themselves.

In what may be called fields allied to mental hygiene, such as anthropology, biology, psychology, intelligence testing, and the like, it will be apparent at a glance that no effort has been made to give anything approaching a complete list of dependable books. An understanding of mental hygiene presupposes a knowledge of the fundamental principles in these fields. For those who have not had formal training in these fields, however, a few books are listed.

The term "mental hygiene" is used as if it were an entity in itself. To an extent that is true; but it is not entirely true. Mental hygiene is slowly building a body of knowledge that is particularly its own, but, like "medicine", many of its data are derivative. Medicine draws its material from the fields of anatomy and physiology, pathology, chemistry, and the like. Medicine itself is the application of all this knowledge to the understanding of physical disorganization, its reorganization, repair, and the prevention of disorganization. Just so mental hygiene finds its material in medicine and its contributory sciences, in psychopathology and neuropathology, and likewise in psychology, sociology, education, and other fields having to do with human behavior and the conduct of life. For a true understanding of mental hygiene, all these relationships and interdependencies are to be understood. The placing of knowledge and activities in compartments, it is to be remembered, is not in accordance with actuality, but is artificial, arbitrary, and for convenience only. The foundation is as much a part of the house as the dining room; biological data are as much a part of mental hygiene as "complexes". A list of books embracing this broad concept is, of course, not possible—at least, not feasible, as it would become a catalogue. While no new data in the fields of anthropology, biology, psychology, are without their significance to mental hygiene, mental hygiene uses for its purpose those data that would seem to have an immediate and direct bearing on the problems of mental life. There results a synthesis which, as applied to human conduct and human relationships, to mental and social disorganization, may be said to constitute the particular field of mental hygiene. It is with books dealing with data in this narrower field that this list is chiefly concerned.

In the preparation of this list no effort has been made to force to the front any particular point of view. Books presenting quite contradictory points of view are listed where both points of view would seem to deserve thoughtful consideration. That there should be different points of view is a matter of distress to some; but only to those who are not familiar with the processes by which knowledge grows, or those to whom nothing is valuable until it forms a "sure" peg upon which they can hang their faith.

It is realized that the present form is not the most serviceable. A more specialized selected list or a series of lists having in mind the particular needs of various groups—the social worker, the teacher, the parent, and the like—would be better. Such lists are in preparation and will be published, if completed, in the April number of MENTAL HYGIENE. As the most recent information is not to be found in books, but in journals, the new lists will include references to particularly valuable articles in the current literature. It is felt, however, that the list in its present form will serve a useful purpose in making known at this time those books which—in varying degrees, to be sure—may be considered of value and worthy of consideration. The only attempt at a finer selection has been to place an asterisk before those books most likely to be useful to the general reader.

GENERAL

Anthropology

*Frazer, Sir James. The golden bough; a study in magic and religion. Abridged ed. N. Y., Macmillan, 1923. 752 p.

*Kroeber, A. L., and Waterman, T. T. Source book in anthropology. Berkeley, Univ. of Calif. Press, 1920. 565 p.

*Wessler, Clark. Man and culture. N. Y., Crowell, 1923. 371 p.

Biology

*Burlingame, L. L., and others. General biology. N. Y., Holt, 1922. 568 p.

*Cannon, Walter B. Bodily changes in pain, hunger, fear and rage. Rev. ed. N. Y., Appleton, 1920. 311 p.

Child, Charles M. Individuality in organisms. Chic., Univ. of Chicago Press, 1915. 213 p.

The origin and development of the nervous system from a physiological viewpoint. Chic., Univ. of Chicago Press, 1921. 296 p.

*Conklin, Edwin G. The direction of human evolution. New ed. N. Y., Scribner, 1922. 247 p.

*Heredity and environment in the development of man. 4th ed. Princeton, Princeton Univ. Press, 1922. 361 p.

Doncaster, L. An introduction to the study of cytology. N. Y., Macmillan, 1920. 280 p.

*Downing, Elliot R. The third and fourth generation; an introduction to heredity. Chic., Univ. of Chicago Press, 1918. 164 p.

*Guyer, Michael F. Being well-born; an introduction to eugenics. Indianapolis, Bobbs-Merrill, 1916. 374 p.

*Holmes, Samuel J. The trend of the race; a study of present tendencies in the biological development of civilized mankind. N. Y., Harcourt, 1921. 396 p.

International Congress of Eugenics, Second. Scientific Papers, Vol. I, Eugenics, genetics and the family; Vol. II, Eugenics in race and state. Balt., Williams, 1923.

Loeb, Jacques. Forced movements, tropisms and animal conducts. Phila., Lippincott, 1918. 209 p.

*Morgan, T. H., and others. The mechanism of Mendelian heredity. Rev. ed. N. Y., Holt, 1922.

*Newman, Horatio H. Readings in evolution, genetics, and eugenics. Chic., Univ. of Chicago Press, 1921. 523 p.

Popenoe, Paul, and Johnson, Roswell H. Applied eugenics. N. Y., Macmillan, 1918. 459 p.

*Saleeby, Caleb W. The eugenic prospect; national and racial. N. Y., Dodd, 1921. 239 p.

*Walter, H. E. Genetics; an introduction to the study of heredity. Rev. ed. N. Y., Macmillan, 1922. 354 p.

Psychology (Intelligence Testing)

Binet, Alfred, and Simon, Thomas. The development of intelligence in children and the intelligence of the feebleminded. Balt., Williams, 1916. 336 p.

Brown, William, and Thomson, Godfrey H. The essentials of mental measurement. Camb. (Eng.), Univ. Press, 1921. 216 p.

Dewey, Evelyn, Child, Emily, and Ruml, Beardsley. Methods and results of testing school children; manual of tests used by the psychological survey in the public schools of New York City, including social and physical studies of the children tested. N. Y., Dutton, 1920. 176 p.

Kohs, S. C. Intelligence measurement; a psychological and statistical study based upon the block-design tests. N. Y., Macmillan, 1923. 312 p.

Kuhlman, Fred. A handbook of mental tests. Balt., Warwick, 1922. 208 p.

Melville, Norbert J. Standard method of testing juvenile mentality by the Binet-Simon scale with the original questions, pictures, and drawings. Phila., Lippincott, 1917. 142 p.

Mitchell, David, and Ruger, Georgie J. Psychological tests; revised and classified bibliography. N. Y., Bureau of Educational Experiments, 1918. 116 p. (Bull. IX.)

Monroe, Walter S. Report of Division of Educational Tests for 1919–1920. Urbana, Ill., Univ. of Ill., 1921. 64 p.

National Research Council. National intelligence tests. (By M. E. Haggerty, L. M. Terman, E. L. Thorndike, G. M. Whipple, and R. M. Yerkes.) Yonkers, World Book Co., 1920. 32 p.

Pintner, Rudolf. The mental survey. N. Y., Appleton, 1918. 116 p.

Intelligence testing; methods and results. N. Y., Holt, 1923. 406 p.

Yerkes, Robert M., and Foster, J. C. Point-scale for measuring mental ability. Rev. ed. Balt., Warwick, 1923.

Miscellaneous

*Beers, Clifford W. A mind that found itself. 5th ed. rev. N. Y., Doubleday, 1923. 411 p.

*Bisch, Louis E. The conquest of self. N. Y., Doubleday, 1923. 326 p.

*Bridges, James W. An outline of abnormal psychology. 2d ed. rev. Columbus, O., Adams, 1921. 226 p.

*Brigham, Carl C. A study of American intelligence, with a foreword by Robert M. Yerkes. Princeton, Princeton Univ. Press, 1923. 210 p.

Bronner, Augusta F. Psychology of special abilities and disabilities. Bost., Little, 1917. 269 p.

*Carroll, Robert S. The mastery of nervousness; based upon self-reëducation. 3rd ed. rev. N. Y., Macmillan, 1918. 348 p.

  *Our nervous friends; illustrating the mastery of nervousness. N. Y., Macmillan, 1919. 258 p.

Cook, William G. H. Insanity and mental deficiency in relation to legal responsibility; a study in psychological jurisprudence. N. Y., Dutton, 1921. 192 p.

Craig, Sir Maurice. Nerve exhaustion. Phila., Lea, 1922. 143 p.

Dercum, Francis X. An essay on the physiology of mind; an interpretation based on biological, morphological, physical and chemical considerations. Phila., Saunders, 1922. 150 p.

*Dewey, John. Human nature and conduct; an introduction to social psychology. N. Y., Holt, 1922. 336 p.

*Drever, James. The psychology of everyday life. N. Y., Dutton, 1921. 164 p.

*Duclaux, Émile. Pasteur: the history of a mind; trans. by Erwin F. Smith and Florence Hedges. Phila., Saunders, 1920. 363 p.

*Edman, Irwin. Human traits and their social significance. Bost., Houghton, 1920. 467 p.

*Franz, Shepherd I. Nervous and mental reëducation. N. Y., Macmillan, 1923. 225 p.

Gilbreth, Frank B., and Lillian M. Fatigue study; the elimination of humanity's greatest unnecessary waste, a first step in motion study. 2d ed. rev. N. Y., Macmillan, 1919. 175 p.

*Groves, Ernest R. Personality and social adjustment. N. Y., Longmans, 1923. 296 p.

*Haldane, John S. Mechanisms, life and personality. 2d ed. Lond., Murray, 1921. 152 p.

*Hall, G. Stanley. Life and confessions of a psychologist (an autobiography). N. Y., Appleton, 1923. 623 p.

*Hart, Bernard. Psychology of insanity. 3rd ed. N. Y., Putnam, 1919. 176 p.

*Hollingworth, Harry L. Judging human character. N. Y., Appleton, 1922. 268 p.

*Hollingworth, Harry L., and Poffenberger, Albert T., Jr. Applied psychology. N. Y., Appleton, 1918. 337 p.

International conference of women physicians. Proceedings. N. Y., Women's Press, 1920. 6 vol.

*Jackson, Josephine A., and Salisbury, Helen M. Outwitting our nerves; a primer of psychotherapy. N. Y., Century, 1921. 403 p.

*James, William. Habit. N. Y., Holt, 1890. 68 p.

*On vital reserves, the energies of men and the gospel of relaxation. N. Y., Holt, 1911. 78 p.

Jones, E. Kathleen, ed. The hospital library. Chic., Amer. Lib. Assn., 1923. 190 p.

*Knight, M. M., Peters, Iva L., and Blanchard, Phyllis. Taboo and genetics; a study of the biological, sociological and psychological foundation of the family. N. Y., Moffat, 1920. 301 p.

*MacCurdy, John T. The psychology of war. Lond., Heinemann, 1917. 68 p.

*Martin, Everett D. The behavior of crowds; a psychological study. N. Y., Harper, 1920. 311 p.

*May, James V. Mental diseases; a public health problem; with preface by Thomas W. Salmon. Bost., Badger, 1922. 544 p.

*McDougall, William. An introduction to social psychology. 14th ed. Bost., Luce, 1921. 418 p.

The psychology of behavior. N. Y., Holt, 1912. 254 p.

*Munson, Edward L. The management of men; a handbook on the systematic development of morale and the control of human behavior. N. Y., Holt, 1921. 801 p.

*Myerson, Abraham. The foundations of personality. Bost., Little, 1921. 406 p.

*The nervous housewife. Bost., Little, 1920. 273 p.

*Parmelee, Maurice F. Science of human behavior; biological and physiological foundations. N. Y., Macmillan, 1913. 443 p.

*Paton, Stewart. Education in war and peace. N. Y., Hoeber, 1920. 106 p.

*Human behavior in relation to the study of educational, social, and ethical problems. N. Y., Scribner, 1921. 465 p.

*Signs of sanity and the principles of mental hygiene. N. Y., Scribner, 1922. 235 p.

A Psychiatric milestone; Bloomingdale hospital centenary, 1821–1921. N. Y., Soc. of the N. Y. Hosp., 1921. 220 p.

*Riggs, Austin Fox. Just nerves. Bost., Houghton, 1922. 87 p.

Rivers, W. H. R. Mind and medicine; a lecture delivered at the John Rylands Library. Lond., Longmans, 1919. 23 p.

*Robinson, James H. The mind in the making; the relations of intelligence to social reform. N. Y., Harper, 1921. 235 p.

*Robinson, Victor. The Don Quixote of psychiatry. N. Y., Cosmopolis Press, 1922. 339 p.

*Sands, Irving J., and Blanchard, Phyllis. Abnormal behavior; pitfalls of our minds; an introduction to the study of abnormal and antisocial behavior. N. Y., Moffat, 1923. 482 p.

*Shand, Alexander F. The foundation of character: being a study of the tendencies of the emotions and sentiments. 2d ed. N. Y., Macmillan, 1920. 578 p.

*Southard, Elmer E., and Jarrett, Mary C. The kingdom of evils; psychiatric social work presented in one hundred case histories together with a classification of social divisions of evils; introduction by Richard Cabot. N. Y., Macmillan, 1922. 708 p.

*Tansley, Arthur G. The new psychology and its relation to life. Rev. ed. N. Y., Dodd, 1922. 279 p.

*Trotter, William. Instincts of the herd in peace and war. Rev. ed. N. Y., Macmillan, 1920. 264 p.

*Wallas, Graham. The great society; a psychological analysis. N. Y., Macmillan, 1919. 383 p.
*Our social heritage. New Haven, Yale Univ. Press, 1921. 307 p.
*Walsh, James J. Cures: the story of the cures that fail. N. Y., Appleton, 1923. 291 p.
Watson, John B. Psychology from the standpoint of a behaviorist. Phila., Lippincott, 1919. 429 p.
*Wells, Frederic L. Mental adjustments. N. Y., Appleton, 1917. 331 p.
White, William A. Foundations of psychiatry; with an introduction by Stewart Paton. N. Y., Nerv. and Ment. Dis. Pub. Co., 1921. 136 p.
*Insanity and the criminal law. N. Y., Macmillan, 1923. 281 p.
*The principles of mental hygiene. N. Y., Macmillan, 1917. 323 p.
*Thoughts of a psychiatrist on the war and after. N. Y., Hoeber, 1919. 137 p.
*Williams, Tom A. Dreads and besetting fears. Bost., Little, 1923. 217 p.
*Woodworth, Robert S. Psychology; a study of mental life. N. Y., Holt, 1921. 580 p.

CHILDHOOD

See also sections, *General (psychology)*, *Psychoanalysis*, *Mental Defect*, *Delinquency*.

*Blanchard, Phyllis. The adolescent girl; a study from the psychoanalytic viewpoint. N. Y., Moffat, 1920. 242 p.
*Blanton, Margaret G., and Blanton, Smiley. Speech training for children; the hygiene of speech. N. Y., Century, 1919. 261 p.
*Cabot, Ella L. Seven ages of childhood. Bost., Houghton, 1921. 321 p.
*Cameron, Hector C. The nervous child. N. Y., Oxford Press, 1919. 202 p.
*Evans, Elida. The problem of the nervous child; introduction by C. G. Jung. N. Y., Dodd, 1920. 299 p.
*Gallichan, Walter M. Sex education; a textbook of sex education. Bost., Small, 1921. 294 p.
*Galloway, Thomas W. Biology of sex for parents and teachers. Rev. ed. N. Y., Heath, 1922. 149 p.
*Gesell, Arnold L. Exceptional children and public school policy; including a mental survey of the New Haven elementary schools. New Haven, Yale Univ. press, 1921. 66 p.
*Pre-school child from the standpoint of public hygiene and education. Bost., Houghton, 1923. 264 p.
*Gordon, Kate. Educational psychology. N. Y., Holt, 1917. 294 p.
*Gruenberg, Benjamin C. I., ed. Outlines of child study. Prepared by the Federation for Child Study. N. Y., Macmillan, 1922. 260 p.
*Haviland, Mary S. Character training in childhood. Bost., Small, 1921. 296 p.
Jennings, Herbert S., Watson, John B., Meyer, Adolf, and Thomas, William I. Suggestions of modern science concerning education. N. Y., Macmillan, 1918. 211 p.
*King, Irving. The high school age. Indianapolis, Bobbs-Merrill, 1914. 233 p.
*Mackie, Ransom A. Education during adolescence; based partly on G. Stanley Hall's "Psychology of Adolescence"; with an introduction by G. Stanley Hall. N. Y., Dutton, 1920. 222 p.

*Menzies, K. Autoerotic phenomena in adolescence; an analytical study of the psychology and psychopathology of onanism; with a foreword by Ernest Jones. 2d ed. N. Y., Hoeber, 1921. 100 p.

*Moll, Albert. The sexual life of the child; translated by Eden Paul. N. Y., Macmillan, 1918. 375 p.

*Patri, Angelo. Child training. N. Y., Appleton, 1922. 434 p.

*Pierson, Clara D. Living with our children: a book of little essays for mothers. N. Y., Dutton, 1923. 250 p.

*Stowell, William L. Sex for parents and teachers. N. Y., Macmillan, 1921. 204 p.

*Terman, Lewis M. Hygiene of the school child. Bost., Houghton, 1914. 417 p.

*Intelligence of school children; how children differ in ability, the use of mental tests in school grading and the proper education of exceptional children. Bost., Houghton, 1919. 317 p.

*Tracy, Frederick. Psychology of adolescence. N. Y., Macmillan, 1922. 246 p.

*Waddle, Charles W. An introduction to child psychology. N. Y., Houghton, 1918. 317 p.

*White, William A. The mental hygiene of childhood. Bost., Little, 1919. 193 p.

*Woolley, Helen T., and Ferris, Elizabeth. Diagnosis and treatment of young school failures. Wash., Govt. print. off., 1923. 115 p.

*Yeomans, Edward. Shackled youth; comments on schools, school people, and other people. Bost., Atlantic monthly press, 1921. 138 p.

PSYCHOANALYSIS

See also sections, *Childhood, Mental Disease, War Neuroses.*

Adler, Alfred. The neurotic constitution; trans. by Bernard Glueck and John E. Lind. N. Y., Moffat, 1917. 456 p.

A study of organ inferiority and its psychical compensation; trans. by Smith Ely Jelliffe. N. Y., Nerv. and Ment. Dis. Pub. Co., 1917. 86 p.

*Barker, Elsa. Fielding Sargent (a novel). N. Y., Dutton, 1922. 319 p.

*Bjerre, Poul C. History and practice of psychoanalysis; trans. by Elizabeth N. Burrow. Rev. ed. Bost., Badger, 1920. 349 p.

Bradby, M. K. Logic of the unconscious mind. Lond., Oxford press, 1920. 316 p.

*Psychoanalysis and its place in life. N. Y., Oxford Press, 1920. 266 p.

*Brill, Abraham A. Fundamental conceptions of psychoanalysis. N. Y., Harcourt, 1921. 344 p.

*Psychoanalysis; its scope and limitation. Phila., Lippincott, 1915. 14 p.

*Psychoanalysis; its theories and practical application. 3rd ed. rev. Phila., Saunders, 1922. 468 p.

Brown, Sanger II. Sex worship and symbolism. Bost., Badger, 1922. 149 p.

*Coriat, Isador H. The meaning of dreams. Bost., Little, 1915. 194 p.

*Repressed emotions. N. Y., Brentano, 1920. 213 p.

*What is psychoanalysis? N. Y., Moffat, 1917. 127 p.

Ferenczi, Sandor. Contributions to psychoanalysis; trans. by Ernest Jones. Bost., Badger, 1916. 288 p.

Sex in psychoanalysis; authorized trans. by Ernest Jones. Bost., Badger, 1916. 338 p.

Ferenczi, Sandor, Abraham, Karl, Simmel, Ernest, and Jones, Ernest. Psychoanalysis and the war neuroses. Lond., Internatl. Psychoanal. Press, 1921. 59 p.

*Flügel, J. Psychoanalytic study of the family. Lond., Internatl. Psychoanal. Press, 1921. 259 p.

Freud, Sigmund. Beyond the pleasure principle; authorized trans. from 2d German ed., by C. J. M. Hubback. Lond., Internatl. Psychoanal. Press, 1922. 90 p.

* A general introduction to psychoanalysis; authorized trans. by G. Stanley Hall. N. Y., Boni, 1920. 406 p.

Group psychology and the analysis of the ego; trans. by James Strachey. Lond., Internatl. Psychoanal. Press, 1922. 134 p.

*The history of the psychoanalytic movement; trans. by A. A. Brill. N. Y., Nerv. and Ment. Dis. Pub. Co., 1917. 58 p.

The interpretation of dreams; trans. by A. A. Brill. 3d ed. N. Y., Macmillan, 1913. 510 p.

Origin and development of psychoanalysis. Worcester, Mass., Clark Univ. Press, 1910. 38 p.

*Psychopathology of everyday life; trans. by A. A. Brill. N. Y., Macmillan, 1914. 341 p.

*Reflections; trans. by A. A. Brill and A. B. Kutner. N. Y., Moffat, 1922. 71 p.

Selected papers on hysteria and other psychoneuroses. 3rd ed. enl. N. Y., Nerv. and Ment. Dis. Pub. Co., 1920. 225 p.

Three contributions to the theory of sex; trans. by A. A. Brill. 3rd ed. rev. N. Y., Nerv. and Ment. Dis. Pub. Co., 1918. 117 p.

Wit and its relation to the unconscious. N. Y., Moffat, 1916. 388 p.

*Frink, Horace W. Morbid fears and compulsions; their psychology and psychoanalytic treatment. N. Y., Moffat, 1918. 568 p.

*Green, George H. Psychoanalysis in the classroom. N. Y., Putnam, 1920. 272 p.

Hitschmann, Eduard. Freud's theories of the neuroses; trans. by Charles R. Payne. N. Y., Nerv. and Ment. Dis. Pub. Co., 1913. 154 p.

*Holt, Edwin B. The Freudian wish and its place in ethics. N. Y., Holt, 1915. 212 p.

Jelliffe, Smith Ely. The technique of psychoanalysis. N. Y., Nerv. and Ment. Dis. Pub. Co., 1918. 163 p.

Jones, Ernest. Papers on psychoanalysis. 3rd ed. rev. N. Y., Wood, 1923. 731 p.

Jung, Carl G. Analytical psychology; trans. by Constance Long. N. Y., Moffat, 1917. 492 p.

The psychology of the unconscious; a study of the transformation and symbolisms of the libido; a contribution to the history of the evolution of thought; trans. by Beatrice M. Hinkle. N. Y., Moffat, 1916. 566 p.

Theory of psychoanalysis. N. Y., Nerv. and Ment. Dis. Pub. Co., 1915. 135 p.

Kempf, Edward J. The autonomic functions and the personality. N. Y., Nerv. and Ment. Dis. Pub. Co., 1918. 155 p.

Psychopathology. St. Louis, Mosby, 1920. 762 p.

*Lay, Wilfred. Man's unconscious conflict. N. Y., Dodd, 1917. 316 p.

*Low, Barbara. Bearings of psychoanalysis upon education. N. Y., Harcourt, 1922.

*Psychoanalysis; a brief account of the Freudian theory. N. Y., Harcourt, 1920. 199 p.

MacCurdy, John T. Problems in dynamic psychology; a critique of psychoanalysis and suggested formulations. N. Y., Macmillan, 1922. 383 p.

Maeder, A. E. The dream problem; trans. by L. M. Hallock and S. E. Jelliffe. N. Y., Nerv. and Ment. Dis. Pub. Co., 1916. 43 p.

*Miller, H. Crichton. New psychology and the parent. N. Y., Seltzer, 1923. 255 p.

*New psychology and the teacher. N. Y., Seltzer, 1922. 225 p.

Nicoll, Maurice. Dream Psychology. Lond., Frowde, 1917. 194 p.

*Pfister, Oskar. Psychoanalysis in the science of education. N. Y., Moffat, 1922. 176 p.

The psychoanalytic method; trans. by Charles R. Payne. N. Y., Moffat, 1917. 588 p.

Some applications of psychoanalysis. N. Y., Dodd, 1923. 252 p.

Prince, Morton. The dissociation of a personality; a biographical study in abnormal psychology. N. Y., Longmans, 1920. 575 p.

Psychogenesis of multiple personality. Journal of Abnormal Psychology, v. 14, p. 225–80, October, 1919.

The unconscious; the fundamentals of human personality, normal and abnormal. N. Y., Macmillan, 1921. 654 p.

*Putnam, James J. Addresses on psychoanalysis; with a preface by Sigmund Freud. Lond., Internatl. Psychoanal. Press, 1921. 469 p.

*Human motives. Bost., Little, 1915. 179 p.

Rank, Otto, and Sachs, Hanns. The significance of psychoanalysis for the mental sciences; trans. by Charles R. Payne. N. Y., Nerv. and Ment. Dis. Pub. Co., 1916. 127 p.

Ricklin, Franz. Wish fulfillment and symbolism in fairy tales; trans. by William A. White. N. Y., Nerv. and Ment. Dis. Pub. Co., 1915. 90 p.

Rivers, W. H. R. Conflict and dream; with a preface by G. Eliot Smith. N. Y., Harcourt, 1923. 195 p.

Instinct and the unconscious; a contribution to a biological theory of the psychoneuroses. 2d ed. Camb. (Eng.) Univ. Press, 1922. 277 p.

Silberer, Herbert. Problems of mysticism and its symbolism; trans. by S. E. Jelliffe. N. Y., Moffat, 1917. 451 p.

Stekel, Wilhelm. Bisexual love; the homosexual neurosis. Bost., Badger, 1922. 359 p.

*Tansley, Arthur G. The new psychology and its relation to life. N. Y., Dodd, 1922. 297 p.

Von Hug-Helmuth, H. A study of the mental life of the child. N. Y., Nerv. and Ment. Dis. Pub. Co., 1919. 154 p.

*White, William A. Mechanisms of character formation; an introduction to psychoanalysis. N. Y., Macmillan, 1916. 342 p.

Wundt, Wilhelm M. Elements of folk psychology; trans. by Edward L. Schaub. N. Y., Macmillan, 1921. 532 p.

MENTAL DISEASE

See also sections, *Psychoanalysis*, *War Neuroses*.

Collie, Sir John. Malingering and feigned sickness. 2d ed. N. Y., Longmans, 1917. 664 p.

Diefendorf, Allen R. Clinical psychiatry; a textbook for students and physicians abstracted and adapted from the seventh German edition of Kraepelin's ''Lehrbuch der Psychiatrie''. N. Y., Macmillan, 1921. 562 p.

Franz, Shepherd I. Handbook of mental examination methods. 2d ed. rev. and enl. N. Y., Macmillan, 1919. 193 p.

*Goldberg, Jacob. Social aspects of the treatment of the insane; based on a study of New York experience. N. Y., Longmans, 1921. 247 p.

*Hart, Bernard. The modern treatment of mental and nervous disorders; a lecture delivered at the University of Manchester, 1918. Manchester, University Press, 1918. 28 p.

Hoch, August. Benign stupors; a study of a new manic-depressive reaction type. N. Y., Macmillan, 1921. 284 p.

Janet, Pierre. The major symptoms of hysteria; fifteen lectures given in the medical school of Harvard University. N. Y., Macmillan, 1920. 345 p.

Jelliffe, Smith Ely, and White, William A. Diseases of the nervous system; a textbook of neurology and psychiatry. 4th ed. rev. and enl. N. Y., Lea, 1923. 1119 p.

Keogh, Sir Alfred. Medical and surgical therapy. Volume 2: Neuroses. N. Y., Appleton, 1918.

Kirby, George H. Guides for history taking and clinical examination of psychiatric cases. Utica, State Hospitals Press, 1921. 83 p.

National Committee for Mental Hygiene—Bureau of Statistics. Statistical manual for the use of hospitals for mental diseases. 3rd ed. rev. N. Y., 1923. 48 p.

Patrick, Hugh T., and Pollock, Lewis J. Practical medicine series; volume 10: nervous and mental diseases. Chic., Chicago Year-book Pub. Co., 1918. 223 p.

Rosanoff, Aaron J. Manual of psychiatry. 5th ed. rev. N. Y., Wiley, 1920. 684 p.

Ross, T. A. The common neuroses; their treatment by psychotherapy. N. Y., Longmans, 1923. 256 p.

Rows, Richard G., and Orr, David. Functional mental illnesses and the interdependence of the sympathetic and central nervous systems in relation to the psychoneuroses. Edin., Oliver, 1920. 63 p.

*Solomon, Harry C., and Maida. Syphilis of the innocent; a study of the social effects of syphilis on the family and the community; with 152 illustrative cases. Wash., U. S. Interdepartmental Social Hygiene Board, 1922. 239 p.

Southard, Elmer E., and Solomon, Harry C. Neurosyphilis; a modern systematic diagnosis and treatment, presented in one hundred and thirty-seven case histories. Bost., Leonard, 1917. 496 p.

*Stokes, John H. The third great plague; a discussion of syphilis for everyday people. Phila., Saunders, 1917. 204 p.

Thibierge, G. Syphilis and the army. Lond., Univ. Lond. Press, 1918. 201 p.

Tilney, Frederick, and Riley, Henry A. The form and functions of the central nervous system; an introduction to the study of nervous diseases; foreword by George S. Huntington. N. Y., Hoeber, 1921. 1020 p.

*Vedder, Edward B. Syphilis and public health. N. Y., Lea, 1918. 315 p.

*White, William A. Outlines of psychiatry. 9th ed. Wash., Nerv. and Ment. Dis. Pub. Co., 1923. 372 p.

White, William A., and Jelliffe, Smith Ely, ed. Modern treatment of nervous and mental diseases, by American and British authors. N. Y., Lea, 1913. 2 vol.

MENTAL DEFECT

*Anderson, Meta L. Education of defectives in the public schools. Yonkers, World Book Co., 1917. 104 p.

Baker, Benjamin W., ed. Proceedings of American Association for the Study of the Feebleminded, 1921. Faribault, Minn., 1921. 150 p.

*Davies, Stanley P. Social control of the feebleminded; a study of social programs and attitudes in relation to the problems of mental deficiency. N. Y., Natl. Comm. Mental Hygiene, 1923. 222 p.

*Goddard, Henry H. Psychology of the normal and subnormal. N. Y., Dodd, 1919. 349 p.

*Hollingworth, Leta S. The psychology of subnormal children. N. Y., Macmillan, 1920. 288 p.

Holmes, William H. School organization and the individual child; grading and special schools. Worcester, Mass., Davis, 1912. 142 p.

*Lapage, C. Paget. Feeblemindedness in children of school age; with an appendix on treatment and training by Mary Dendy. 2d ed. N. Y., Longmans, 1920. 309 p.

Laughlin, Harry H., and Hill, Joseph A. Statistical directory of state institutions for the defective dependent and delinquent classes. Wash., Dept. Commerce, 1919. 256 p.

*MacMurchy, Helen. The almosts; a study of the feebleminded. Bost., Houghton, 1920. 178 p.

Miner, James B. Deficiency and delinquency; an interpretation of mental testing. Balt., Warwick, 1918. 355 p.

Nash, Alice M., and Porteus, S. D. Educational treatment of defectives. Vineland, N. J., Training School, 1919. 19 p.

National Committee for Mental Hygiene—Bureau of Statistics. Statistical manual for the use of institutions for the feebleminded. N. Y., 1921. 40 p.

*Rogers, Arthur C., and Merrill, Maud A. Dwellers in the Vale of Siddem: a true study of the social aspect of feeblemindedness. Bost., Badger, 1919. 80 p.

*Shuttleworth. George E., and Potts, William A. Mentally deficient children: their treatment and training. 5th ed. Phila., Blakiston, 1922. 320 p.

Tredgold, Alfred F. Mental deficiency (amentia). 4th ed. N. Y., Wood, 1922. 564 p.

*Woodrow, Herbert H. Brightness and dullness in children. Phila., Lippincott, 1919. 322 p.

*Young, Meredith. The mentally defective child. N. Y., Hoeber, 1916. 140 p.

DELINQUENCY

See also sections, *Childhood, Psychoanalysis.*

*Anderson, Nels. The hobo; the sociology of the homeless man. Chic., Univ. of Chicago Press, 1923. 302 p.

*Bingham, Anne T. Determinants of sex delinquency in adolescent girls; based on intensive studies of 500 cases. N. Y., N. Y. Probation and Protective Assn., 1923. 93 p.

*Briggs, L. Vernon. The manner of man that kills; Spencer—Czolgosz—Richeson. Bost., Badger, 1921. 444 p.

Burleigh, Edith N. and Harris, Frances R. The delinquent girl; a study of the girl on parole in Massachusetts. N. Y., N. Y. School of Social Work, 1923.

Fernald, Mabel R., Hayes, Mary H. S., and Dawley, Almena. A study of women delinquents in New York State. N. Y., Century, 1920. 542 p.

*Glueck, Bernard. Studies in forensic psychiatry. Bost., Little, 1916. 269 p.

*Healy, William. Honesty; a study of the causes and treatment of dishonesty among children. Indianapolis, Bobbs-Merrill, 1915. 220 p.

*The individual delinquent; a textbook of diagnosis and prognosis for all concerned in understanding offenders. Bost., Little, 1915. 830 p.

*Mental conflicts and misconduct. Bost., Little, 1917. 330 p.

*Pathological lying, accusation and swindling; a study in forensic psychology. Bost., Little, 1915. 286 p.

*Hoyt, Franklin C. Quicksands of youth. N. Y., Scribner, 1921. 241 p.

*MacBrayne, Lewis E., and Ramsay, James P. One more chance; an experiment in human salvage. Bost., Small, 1916. 340 p.

Miner, James B. Deficiency and delinquency; an interpretation of mental testing. Balt., Warwick, 1918. 355 p. (Educational Psychology Monograph No. 21.)

*Parmelee, Maurice F. Criminology. N. Y., Macmillan, 1918. 522 p.

Spaulding, Edith R. An experimental study of psychopathic delinquent women. N. Y., Bureau of Social Hygiene, 1923. 368 p.

Weidensall, Jean. The mentality of the criminal woman; a comparative study of the criminal woman, the working girl and the efficient working woman, in a series of mental and physical tests. Balt., Warwick, 1916. 332 p.

WAR NEUROSIS

Babinski, Joseph F. F., and Froment, Jules. Hysteria or pithiatism and reflex nervous disorders in the neurology of war; trans. by J. D. Rolleston. Lond., Univ. Press, 1918. 311 p.

Brown, Mabel W., and Williams, Frankwood, E. Neuropsychiatry and the war; a bibliography with abstracts. N. Y., Natl. Comm. Mental Hygiene, 1918. 292 p.

Supplement I, October, 1918. N. Y., Natl. Comm. Mental Hygiene, 1918. 117 p.

Eder, Montague D. War-shock. Lond., Heinemann, 1917. 154 p.

Hurst, Arthur F. Medical diseases of the war. 2d ed. rev. and enl. N. Y., Longmans, 1918. 319 p.

*MacCurdy, John T. War neuroses. N. Y., Putnam, 1918. 132 p.

Read, C. Stanford. Military psychiatry in peace and war. Lond., Lewis, 1920. 168 p.

Roussy, Gustave, and Lhermitte, Jean J. The psychoneuroses of war; trans. by Wilfred B. Christopherson. Lond., Univ. Press, 1918. 191 p.

Smith, Grafton E., and Pear, Tom H. Shell shock and its lessons. 2d ed. N. Y., Longmans, 1918. 132 p.

*Southard, Elmer E. Shell shock and other neuropsychiatric problems, presented in five hundred and eighty-nine case histories from the war literature, 1914–1918. Bost., Leonard, 1919. 982 p.

White, William C., Billings, Frank, Bowman, John G., Kirby, George K. Report of the consultants on hospitalization appointed by the Secretary of the Treasury to provide additional hospital facilities under public act 384. Wash., Govt. Print. Off., 1923. 112 p.

NURSING

Bailey, Harriet. Nursing mental diseases. N. Y., Macmillan, 1920. 175 p.

Burr, C. B. Practical psychology and psychiatry; for use in training schools for attendants and nurses and in medical classes, and as a ready reference for the practitioner. 5th ed., rev. and enl. Phila., Davis, 1921. 269 p.

Dunton, William R., Jr. Occupation therapy: a manual for nurses. Phila., Saunders, 1915. 240 p.

Reconstruction therapy. Phila., Saunders, 1919. 236 p.

*Laird, Donald A. Applied psychology for nurses. Phila., Lippincott, 1923. 236 p.

*Macdonald, V. May. Mental hygiene and the public health nurse; practical suggestions for the nurse of to-day; with a foreword by Thomas W. Salmon. Phila., Lippincott, 1923. 67 p.

St. Elizabeths Hospital. Course of instruction in practical nursing procedure as given in the training school for nurses at St. Elizabeths Hospital, 1923. Wash., Gov. Print. Off., 1923. 71 p.

JOURNALS

American Journal of Psychiatry. Balt., Johns Hopkins press. Quarterly. $5.00.

Archives of Neurology and Psychiatry. Chic., American medical association. Monthly. $6.00.

International Journal of Psychoanalysis. N. Y., G. E. Stechert (agent). Quarterly. $6.00.

Journal of Abnormal Psychology and Social Psychology. Albany, Boyd. Irregular. $5.00.

Journal of Nervous and Mental Disease. N. Y., S. E. Jelliffe, M.D. Monthly. $10.00.

Journal of Personnel Research. Balt., Williams. Monthly. $5.00.

Mental Hygiene. N. Y., National Committee for Mental Hygiene. Quarterly. $3.00.

Psychoanalytic Review. Wash., D. C., Nervous and Mental Disease Pub. Co. Quarterly. $6.00.

Ungraded. N. Y., Ungraded Teachers Association. Monthly (except July, August, September). $1.50.

THE DOCTOR LOOKS AT LITERATURE; PSYCHOLOGICAL STUDIES OF LIFE AND LETTERS. By Joseph Collins, M.D. New York: George H. Doran Company, 1923. 317 p.

This book is worthy of extended comment, inasmuch as it is one of a class of books that have been appearing in some numbers of late, although its immediate object is different. We refer particularly to the attempts of psychologists and intelligent laymen to popularize psychoanalysis. The present work was written by an experienced neurologist. There are thirteen chapters, the first embracing a thesis on psychology and fiction. The other twelve give us an idea of what the doctor thinks of the works of James Joyce, Feodor Dostoievsky, Dorothy Richardson, Marcel Proust, Katharine Mansfield, Rebecca West, Georges Duhammel, and others.

The critical analyses will not seem so very startling or interesting to the average reader, inasmuch as they are but superficial running comments of a quasi-scientific character. An estimate of their literary value we must perforce leave to the trained critic, who, we believe, has more aptitude and natural capacity in this field than most physicians. Although litterateurs have been accused of possessing "psychopathic traits", their productions belong in the domain of literature; hence there is no good reason why they should be given a special critique by a neuropsychiatrist. It is a matter for regret that the first thirty-four pages of the book could not have been more carefully and temperately written. One can hardly credit William James—whose two-volume work on psychology is still in use as a textbook in many colleges—as saying that psychology "was a nasty little subject", at least as a serious reference to his own teachings or the present-day science taught by McDougall, his worthy successor at Cambridge. Nor can we believe that Woodworth, who is confessedly without practical experience, has "scientifically or sympathetically utilized the materials of the arsenal of the introspectionist", if by that statement the dynamic psychology of Freud is meant. We cannot subscribe to the author's statement that psychologists "are the most indolent of scientists". However we may dislike the character of their studies, we should not slander their assiduity or perseverance. That their work concerns purely objective and measurable data is another matter. There are 5,000 books and periodicals on psychology in the library at Princeton University, and the main collection at Harvard comprises a like number; to this has recently been added a portion of the library of William James, made up of 1,338 volumes and 375 pamphlets. Further, we cannot agree with the author that it is the novelist's province to "collect human experiences of various sorts'' and ''put it up to the psychologist as a challenge''. Though fiction, as many claim, may be an inferior form of literary art, certainly it is in no sense a science, nor would the psychologist welcome such data to work upon. Moreover, it will give the student a jolt to read that Professor Dewey's carefully worked out book *Habit and Conduct,* is but a touch ''on the edges of the subject''. We cannot help but believe that the cocksureness attributed to Freud in ''offering a complete outfit of knowledge and an inductively derived theory that the novelist has been sighing for'' is a gross misstatement, and one thoroughly at variance with fact. The restraint of Freud's attitude in attempting to give a critical analysis in his prefaces to *Gradiva* and *The Life of Leonardo Da Vinci* is an instance in point. It is also unfair to say that ''Freud or his disciples can explain anything in the character and conduct line while you wait''. Or, again, ''If you want to know why a given person is what he is, or why he acts as he does, Freud can tell you.'' And still again, ''If he [the novelist] is not completely carried off his feet, he may grin at some of the formulas as he might at a smutty joke.''

If one may say that progress in mental science is summated in a richer subtlety of mind and a more flexible and adaptable organism, it is hard to accept the author's statement that ''there is no reason to suppose that the current doctrines of the subconscious will do more for civilization or art than the older doctrines of consciousness'', because it is exactly to the end of our understanding mental science more completely that the new psychology owes its origin and growth. If the present trends of dynamic psychology have no new message to offer in interpreting literature and life, why this book or the author's ''look'' at his subjects? There are innumerable tendencies here and there to encourage one to look at the dynamism of the new psychology as a species of pornographic tendencies on the part of its adherents. Take, for instance, the following quotation: ''For a time it seemed to the casual observer that the New Psychology was so steeped in pruriency that it could not be investigated without armor and gas mask.'' This is as debasing an attitude as if one were to treat gynecology or obstetrics in the same manner. The author infers that psychoanalysis is chiefly of service to the psychologist, facilitating his understanding of the workings of both the normal and the unbalanced mind. While it is true that what the analyst gets to know of his patient is of great importance, what the patient learns about himself is of far greater importance and the ultimate worth of psychoanalysis must rise or fall by this standard. It is apparently the function of many neurologists to predict the passing of psychoanalysis, even to setting a time limit to its demise, but Dr. Collins is satisfied to indicate simply that it is a procedure of no great therapeutic moment, that it is often poisonous, and that it is doomed to go the way of all "isms". On the whole the initial chapter shows a sufficient degree of misinformation and bias thoroughly to discourage one from hoping that a fair, discerning, and patient analysis has been given to the psycho-literary efforts treated in the succeeding chapters.

L. PIERCE CLARK.

New York City.

CURES: THE STORY OF THE CURES THAT FAIL. By James J. Walsh, M.D. New York: D. Appleton and Company, 1923. 291 p.

Cures, although quite obviously written for the layman, contains much of value for the physician, and no one can read the book without chuckling at the credulity of human nature which Dr. Walsh so amusingly describes. The quackeries of all time are marshaled before the reader—cures by drugs, magnetism, mesmerism, hypnotism, spiritism, and other forms of mysticism. Most interesting are the chapters on the various personal healers—Elisha Perkins, Dowie, Andrew Jackson Davis, Greatraker, Schlatter, and Phineas Quimby. Christian Science has not been neglected, nor have New Thought, chiropractic, and osteopathy.

Just why psychoanalysis and Coué come in for discussion under the same heading the author does not make clear except to state that "both of them expect patients to tap their subconscious or their unconscious—something quite different, anyhow, from their ordinary consciousness—and by that means make themselves better". To any one who is at all familiar with Couéism and psychoanalysis, this attempt on the part of the author to force the two schools into the same general category must appear a bit ridiculous.

Dr. Walsh states that his "own experience with cases treated by Freudianism has been rather limited", but he has no hesitation in condemning the practice as harmful; he cites a number of well-known opponents of psychoanalysis to back up his own views, but he makes no mention of a host of prominent physicians and educators, including the professors of psychiatry in most of our leading medical schools, who endorse the Freudian principles either in entirety or in part. This attitude is manifestly unfair.

The author's style is entertaining and amusing, although he is a bit verbose and given to repetition. Most of the material could have been got into a volume of much smaller size without serious loss. The biased attitude toward the psychoanalytic school, the reviewer regards as unfortunate. But there is a place for such a book; there is need for it. As Dr. Walsh puts it, referring to the gullibility of human nature in the past, "Why should not the present generation have a right to share in some of the fun?" And the physician cannot be too often reminded of this gullibility on the part of his patients. The late Sir William Osler has made mention of such frailty in his *Æquanimitas:*

"Deal gently, then, with this deliciously credulous old human nature in which we work, and restrain your indignation when you find your pet parson has triturates of the 1,000th potentiality in his waistcoat pocket, or you discover accidentally a case of Warner's Safe Cure in the bedroom of your best patient. It must needs be that offenses of this kind come; expect them, and do not be vexed."

When "offenses of this kind come" to the doctor, the reading of Dr. Walsh's book may help him to understand and to take heart.

HARRY N. KERNS.

Medical Department, U. S. Military Academy, West Point.

CRUCIBLES OF CRIME; THE SHOCKING STORY OF THE AMERICAN JAIL. By Joseph F. Fishman. Written in collaboration with Vee Perlman. New York: Cosmopolis Press, 1923. 299 p.

Mr. Fishman's conception of our jails as "crucibles of crime", together with a declaration that "the jail *makes* criminals", will suggest the tone and character and the restricted scope of his approach to a study of these institutions. The book consists of twelve chapters with the following headings: *A Human Dumping Ground; Characteristic Conditions; No Business of Mine; Inside the Crucible; Treatment of Women; Narcotics; Taking the Vinegar Out of 'Em; The Heart of Maryland; Personnel, Escapes, Administration; Years of Horror; Specific Remedies; Establishing a New Order.* The chapter headings are not always an index to the text; there is much repetition; and one chapter, representing 52 of the 299 pages, is given over to a description of ingenious methods by which prisoners have attempted to "break jail".

The following phrases, culled at random, are characteristic of the language of the morbidly curious and of the professional "reformer", and may in a measure account for the rather wide advertisement that the book has received through the lay press. "A debauch of dirt, disease, and degeneracy", "damp, clammy caverns", "a sink of iniquity", "a crucible of corruption", "guaranteed criminal; made in America", "whipping women", "unspeakable Missouri", "grim crucibles", "loathsome conditions", "miniature Siberia", "Chester-town's watery rat hole'', ''Salisbury's sty'', ''a neglected tomb'', ''pest holes''. The language is vivid and picturesque, but when the conditions that call forth these descriptive phrases have been examined in a coldly scientific fashion in at least one of the institutions dealt with in the book, the reviewer is forced to the conclusion that the author's zeal and enthusiasm and his desire to jolt the indifferent public into consciousness of the evils that often exist right at our front doors may have led him to rhetorical exaggeration which may explain some of the antagonism on the part of officials and newspapers that he speaks of in several places.

The chief subjects discussed are filthy cell houses, overcrowding, rats, bedbugs, types of jailer, politics and jails, more rats and bugs, the ''Trusty System'', drug addiction, more filthy cells, ''Kangaroo Courts'', official indifference, public ignorance, more rats and bugs, more stench and filth, occupational and recreational programs, the ''Snitch System'', bathing of prisoners, the ''Fee System'', infectious diseases, prison doctors, prisoners' compensation, prison inspection, more rats and bedbugs, classification of prisoners, whipping of prisoners, treatment of women, newspaper publicity and politics, more rats and filthy cells, hospital care of prisoners, methods of heating, lighting, and ventilation, the ''night bucket'', the insane and the mentally defective, the indeterminate sentence, identification bureaus, sexual perverts, ignorance of the judiciary, ''pampering'' prisoners, more vermin and filth, more bad odors, idleness, darkness, disease, politics, graft, torture, indifference, filth, punishment, bedbugs, rats, and lice. We are almost tempted to write: ''A sadistic-masochistic matinée, equal to a trip through the old British convict ship, *Success,* with the admission fee elevated!''

According to Mr. Fishman's investigations, few of the features that are recognized by trained penologists as essentials in a decent, properly organized, and well-managed institution are to be found in the American jail; and, conversely, every vicious feature, custom, and degrading condition possible of development and toleration under our penal system exists to the *n*th degree and flourishes almost unchallenged. The author, according to the title page, sees these deplorable conditions through the eyes of a man ''For Many Years Only Inspector of Prisons for the United States Government in Territory Embracing the United States, Alaska, and Porto Rico, and Independent Prison Investigator and Consultant for Federal, State, and Municipal Governments''. The book indeed indicates the well-known ''weak spots'' in the system as it exists; but these deficiencies are presented with a flavor that smacks of the professional propagandist, and many thinking people may be loath to utilize this channel until a dignified, unemotional appeal has been made on the basis of conservative, scientific investigation and with full consideration of the wide background of facts, economic, social, and psychiatric, that must be evaluated in developing and extending a program for the treatment of our criminals.

In the final chapter a plea is made for the real indeterminate sentence, for the special training of prison officers, and for a ''receiving prison'' in each state where every person convicted of a felony might receive study from a broad psychiatric viewpoint. The writer urges these constructive approaches in a concise, earnest, and refreshing fashion.

As a comprehensive scientific report on conditions in our jails, presenting data of value in developing and improving technique in the field of penology, the book is of course inadequate. As a piece of militant propaganda, if this is indicated at this time, it is excellent; and perhaps that is all the author had in mind when he gave it to the press.

CLINTON P. MCCORD.

Department of Educational Hygiene, Albany Medical College.

NERVOUS ILLS: THEIR CAUSE AND CURE. By Boris Sidis, Ph.D., M.D. Boston: Richard G. Badger, 1922. 279 p.

The introduction to this book is a pessimistic analysis of our times, apparently evoked by the rise of psychoanalysis. I am no lover of psychoanalysis, myself, but the temper with which Freudism is here assailed is entirely foreign to science. Surely the liberal-minded reader to whom Dr. Sidis addresses himself will be as much offended by the spirit of his criticism of Freud as he is by the ''mediocrity of the herd''. Dr. Sidis emphasizes the rôle of fear in introducing the psychoneuroses. Nevertheless, it is not true to say that ''neurosis is a disease of self-preservation and fear'', without at all dwelling on the fact that the phrasing ''neurosis is a disease'' is bad. We have only Dr. Sidis' dogmatic assertion that it is a disease of self-preservation and fear.

Chapter VII, which purports to be ''a brief outline and classification of mental and nervous diseases'', is highly original and in my opinion is highly misleading. I hope no lay reader, especially the social worker, will take it seriously. I am quite sure that no medical man will. For example, the author says that ''functional nervous and mental diseases are in turn subdivided into neuropathies and psychopathies. Neuropathic diseases are disturbances of functioning activity due to defective neuron metabolism brought about by external stimuli and more especially the harmful internal stimuli—glandular secretions, hormones, toxic and auto-toxic agencies. The pathological neuropathic process produces few, if any, anatomical changes in the structure of the neuron. The pathology of neuropathic diseases probably of the cytoplasm is essentially chemico-physiological in nature.''

The neuropathic diseases include ''maladies in which the neuron undergoes degenerative changes''. How one reconciles the definition of functional diseases with the statement that ''the neuron undergoes degenerative changes'' is beyond understanding. Any change in a neuron produced by toxic substances of whatever sort is organic, regardless of whether it is permanent or temporary, regardless of whether it is chemico-physiological (what else would it be?), and so forth. From this point on the definition becomes too complicated for me to follow, and the diagram with which the author concludes this chapter is no help at all to me.

A group of chapters concern themselves with the hypnoidal state, which Sidis brought into prominence and which constitutes a real contribution to psychopathological thought. That his separation of normal and abnormal suggestibility, however, is a correct one, I doubt very seriously. I do not believe that there is any evidence to show that abnormal suggestibility is so completely reversed from normal suggestibility, or that the subconscious personality (whatever that may be) is so unlike the normal personality.

Chapter XVII, dealing with the fundamental principles of psychopathic or nervous ills, is interesting. There are apparently fifteen principles, which is one more than a famous statesman used in laying down rules for peace. I cannot enter into any extended criticism because the development of the principles does not seem to follow any definite law or order. I doubt very much whether the layman would get much out of this chapter.

I rather enjoyed the chapter entitled *Neuroses and the Eugenists*. I think that Dr. Sidis says some very good things about the eugenists. He remarks very pertinently: ''The eugenists pile Ossa on Pelion of facts by the simple method of enumeration which Bacon and the great thinkers coming after him condemned as puerile and futile.''

Much of the latter part of the book can meet only with the approval of any reader. Dr. Sidis' ideal of mental health as possible to all may or may not be correct, but the statement that ''banishment of credulity, the cultivation of the upper, critical consciousness, the rational control of the subconscious, the moderation of the self-impulse, the regulation of the fear instinct, and the access to the vast doors of subconscious reserve energy, all go to the formation of a strong, healthy-minded personality, free from fear and psychopathological maladies'', is one to which all who wish to see human beings grow in dignity and power can subscribe.

A. MYERSON.

Tufts Medical School.

AN EXPERIMENTAL STUDY OF PSYCHOPATHIC DELINQUENT WOMEN. By Edith R. Spaulding, M.D., with an introduction by Katharine B. Davis. New York: Bureau of Social Hygiene, 1923. 368 p.

This work contains chapters on the management and treatment of the psychopathic delinquent woman, with an outline of the problem as found at the New York State Reformatory for Women at Bedford Hills. A description is given of the cases that were treated at the psychopathic hospital connected with the laboratory of social hygiene, the facilities and resources that were available, the methods used, and the conclusions to which the experiences of the staff led. A social worker followed up each subject who left Bedford, and so far as possible the present status of the subject is appended to each case report.

''Like two contending in a dream'' is the controversy between those who have tried to settle the question: Can human nature be changed? At the recent World Court Lord Brice thought so, and Dewey, in his *Human Nature and Conduct,* maintains that it can, while the genetic biologists like Davenport and Morgan say that it cannot. As a contribution to this academic postulate, Dr. Spaulding's study is an interesting document. We should rather infer from her book that human nature really cannot be changed, *but*—and the but is highly important—it may be induced to seek other goals than outrageous delinquency, to the contentment and happiness of all concerned.

On the whole, the outcome of the experiment was not encouraging. Although some of the subjects under observation and study became fairly good citizens, the majority did not greatly change, and their propensities toward delinquency were exhibited only less frequently and perhaps were not so openly antisocial. In addition to the fact that they probably possessed innate social faults, most of these women had reached the age of twenty-five years or over, a time of life when character and social custom are fairly well set. The roots of their delinquencies were too firmly planted in early, if not congenital, soil, so that to meet properly the entire problem, before and after study, prevention, and follow-up were absolutely necessary.

It is important to note that almost all the workers in this field were psychiatrically trained, yet the needs of the future, as Dr. Spaulding suggests, stretch far beyond the ordinary province of the older training in psychiatry. The worker needs the widest viewpoint possible, in social, mental, and physical science.

The fact that this study is put into book form, instead of the paper-bound monograph usual for intensive studies of a particular and selected group, possibly gives the impression that the work covers the entire field. However, it is quite worth while, and its very durable make-up will undoubtedly contribute to its being a more lasting presentation than others of its class.

L. PIERCE CLARK

New York City.

THE HOBO: THE SOCIOLOGY OF THE HOMELESS MAN. By Nels Anderson. Chicago: The University of Chicago Press, 1923. 302 p.

Mr. Anderson has contributed, in this book, a most valuable and excellent description of the homeless man, his mode of life, and his habits. The work is the result of a series of investigations made by Mr. Anderson for the Chicago Council of Social Agencies in coöperation with the Juvenile Protective Association of Chicago, and the preface tells us that the author gathered much of the data by living in Hobohemia for twelve months. That he observed well cannot be doubted when one reads the book.

The author has set down his observations in four major sections: I. *Hobohemia, the Home of the Homeless Man;* II. *Types of Hoboes;* III. *The Hobo Problem;* IV. *How the Hobo Meets His Problem.* An appendix, containing a summary and recommendations and a very comprehensive bibliography, completes the work.

There is only a slight attempt to offer a real analysis of the problem of the homeless man. This is in Chapter V of Part II entitled *Why Do Men Leave Home?* The author here (page 61) gives the six general reasons why men leave home: (a) seasonal work and unemployment, (b) industrial inadequacy, (c) defects of personality, (d) crises in the life of the person, (e) racial or national discrimination, and (f) wanderlust. In the succeeding pages of this chapter there is discussion of each of these reasons, together with short case-history examples. One becomes just a bit confused at the author's separation of industrial inadequacy from defects of personality. Under the latter caption he considers feeblemindedness, epilepsy, insanity, and psychopathy, while under the heading industrial inadequacy he discusses alcoholism, drug addiction, the deterioration of senile years, and physical handicaps. Why drug addiction, alcoholism, and senile deterioration should be considered under a different etiologic heading from epilepsy, insanity, feeblemindedness, and psychopathy is not clear, especially in view of the accepted psychiatric view of these conditions.

Case No. 39 (page 82), cited to illustrate the operation of the author's sixth reason, wanderlust, leaves one wondering if he is not here dealing with a psychopathic personality who should more properly be considered from the point of view of his defects of personality.

In considering how the hobo meets his problem, speaking of the failure of hobo organizations (page 248), the author tells us that ''the hobo, like other egocentric types, is suspicious'', and, later, ''while the man of property secures himself best by associating with his neighbors and remaining in one locality, the hobo safeguards himself by moving away from every difficulty''. Some factor or factors, then, in the personality of the individual hobo must be present to operate with other reasons of ''unemployment'', ''seasonal work'', ''industrial inadequacy'', and the like, in the production of his homelessness.

Part III, *The Hobo Problem,* divided into three chapters dealing with health, the sex life of the homeless man, and the hobo as a citizen, is somewhat disappointing if one expects more than a presentation of some of the problems of the individual hobo. The appendix containing recommendations as to methods for meeting the problem is excellent, and the bibliography is very full and comprehensive.

As an intensely realistic description of the hobo and his habits, we recommend the book most highly.

A. L. JACOBY.

Psychopathic Clinic, Recorder's Court, Detroit, Michigan.

PRIMITIVE MENTALITY. By Lucien Lévy-Bruhl, translated by Lilian A. Clare. New York: The Macmillan Company, 1923. 458 p.

If one hopes to find in this book a rationale of the so-called primitive mentality, one is doomed to disappointment. In the first place, there are not, in the strictly scientific sense, any primitive peoples on earth to-day. Reckoning man's existence to have been some four hundred thousand years, anything in the way of customs or manner of life that has occurred in the past twenty thousand may be considered quite up-to-date. As prehistoric data on man's ways of acting and thinking go back no further than thirty thousand years, we cannot say that we have any records of real primitive peoples. So far as the out-of-the-way inhabitants who are still knocking about are concerned, they are really our contemporaries in all sorts of ways. When Rivers was asked if the Melanesians were very strange, outlandish folk, he replied: ''Oh, not at all. In the two years I lived among them, I came to consider them as colleagues of mine.'' Professor Lévy-Bruhl, on the contrary, seems to think that all of us so-called modern Christians are quite different from the peoples who live beyond the pale of the radio and the movies. For instance, he states that primitive people have mystical minds and use pre-logical modes of thinking. He states that they live in two diametrically opposed worlds—an everyday, concrete world and the, to them, real, but unseen realm of magic and spirits. The fusion of these two worlds results in a life of contradiction. Well, isn't that the kind of life we all live, in this very modern world? A sort of hazy revery is the type of thinking we all indulge in during the greater part of our waking moments, and certainly in our dream life, when we are asleep, we are veritable Alices in Wonderland. Logical and scientific reasoning practically began with the Greeks, so we haven't been at it so very long. This may be offered as a partial excuse for the fact that we do so little "rigorous thinking" in our daily living. Even approximate genuises cannot sustain continuous, intensive, rigorous thinking for a long period without great fatigue, and most of us but play at the process. Lévy-Bruhl's statement that so-called primitives engage in more mystical or pre-logical thought to the square inch than we moderns seems hardly credible. The only difference is that we have a different variety of mystical thought. Instead of trying openly to commune with unseen spirits, we do it more surreptitiously by way of mediums, ouija boards, fortune tellers, and the like camouflaged human and mechanical means. Moreover, our numerous periodicals and books on mental subjects are more expeditious ways of disseminating mystical lore. Lévy-Bruhl's fear lest the so-called primitive ways of thinking will disappear before we can understand and record them is quite unfounded. They have been with us for ages and will continue to be with us for many more. Fashions in them are bound to change; witness the prevailing halos, human auræ, and ectoplasm now worn. Any one of us might give personal witness to data on any one of the author's subjects. For instance, believers in mystic and invisible forces, in dreams both pro and contra, are always with us. The practice of divination by means of prayer and its varied ceremonials is of daily occurrence. The use of ordeals and tests to find out what the mystic force is that lies behind the show of things plays a part in all our lives, not in that of the psychic researcher alone. So we might go through all the chapter headings, even to the final one on the primitive's distrust and dislike of the unknown and his antagonistic attitude toward more advanced cultural peoples—we have it all. Of course, we may rationalize better, but give the barbarian a chance and he will learn to make quite as good a list of his daily activities as those cited by Stefanson, Rivers, and Boas, who have already given instances of these in their works on so-called primitive society.

Now to the main bone of contention in this review—and we are giving the matter extended treatment for the reason that there are similar works steadily appearing in these days of psychologic vogue: Nowhere in this book is there the slightest hint that the author knows that there is an *unconscious;* much less does he mention that at least one great department of psychology is busily engaged in the daily analysis of unconscious mentation, and that the richness and variety of the resulting material, which is being published in dozens of scientific journals, far outweighs in interest and value the bizarre primitive or archaic thought that Lévy-Bruhl presents. Moreover, how could he produce his book when the matter has been treated so very much better by Fraser in his masterful work, *The Golden Bough*? If Lévy-Bruhl had but thrown some light upon how these simpler types of thought came into existence and why they are still so tenaciously employed by all of us, his book would have been a boon. Even his "collective representation" is an odd mixture of the *herd instinct* of Trotter, the *collective unconscious* of Jung, and the *infantile unconscious* of Freud. The last two scientists have long since formulated theories of how and why the collective unconscious has come about.

The work as a whole is but a further elaboration of the consciously obvious, and lacks condensation, finality, and suggestive interpretation. The book will be thoroughly disappointing not only to the scientist and the psychological expert, but even to the "veriest tyro" in the study of mentality, for whom it was apparently written. Those who hope to find a solution to our many psychologic problems regarding the early workings of the human mind must go elsewhere.

L. PIERCE CLARK

New York City.

CONSTRUCTIVE CONSCIOUS CONTROL OF THE INDIVIDUAL. By F. Matthias Alexander. New York: E. P. Dutton and Company, 1923. 317 p.

The individual who attempts to read Mr. Alexander's book without preliminary knowledge of his earlier works and general theories can hardly fail to be confused by it. In fact the author asserts that the present volume is a sequel to an earlier book, *Man's Supreme Inheritance,* to which the reader is frequently referred.

Basing man's tribulations upon a decay of his sensory appreciation and his deplorable dependence on subconscious guidance, Mr. Alexander proceeds to outline his program to reëducate sense registration and substitute rational conscious control for chaotic and dangerous subconscious leadership. In this process he wavers between laboratory precision and esoteric vagueness, presenting strange contradictions.

Affirming that soul and body are inseparable in human processes, he uses the phrase ''psycho-physical'' throughout the book, but in elaborating on this, he ignores the psyche and confines his explanations to a sort of neuro-physiology. This is well illustrated by his handling of the subject of fear, which he treats not as an emotion, but as a reflex. Nevertheless, in the last analysis, Mr. Alexander's book would be abandoned by physiologists as well as psychologists, on account of the vagueness and inconclusiveness of his arguments.

His principle of coördination of the individual as a method of cure in place of a resort to specific ''cures'' is admirable, but can hardly be termed original except in its extravagance. In his tirade against panaceas, psychoanalysis is placed in the same category as liver cures and the like, being an example of ''end gaining'' rather than ''means whereby''. Thus, he writes: ''Will psychoanalysis, as practised, restore a reliable sensory appreciation to the patient and coördinate and reëducate his psycho-physical mechanisms on a general basis? Certainly not. The psycho-physical condition which permitted the establishment of the first phobia will permit the establishment of another. All that is needed is the stimulus.''

Perhaps Mr. Alexander's sensory appreciation was unreliable (with all the incorrect experiences, beliefs, and judgments that we now know to be inevitably associated with this condition) when he drew this and similar conclusions.

There are times when Mr. Alexander comes perilously near the brink of psychology in spite of himself, but each time he turns his back and steers carefully into his own circumscribed realm. This attitude is easily understood, for Mr. Alexander has good reason to fear that his theories would be absorbed, after a diffusion that would render them unrecognizable, by the more plastic and comprehensive concepts of this ever-widening field.

RUTH LIEBMAN.

Stamford, Connecticut.

PROTOPLASMIC ACTION AND NERVOUS ACTION. By Ralph S. Lillie. Chicago: University of Chicago Press, 1923. 400 p.

This volume presents in compact form, carefully analyzed and scientifically ordered, a most excellent body of experimental material on the physico-chemical aspects of protoplasm. Much of the material of the book bears directly upon the physiology of nerve functions and will be of great value to psychiatrists and psychologists as well as to more general students of experimental physiology. The author does not attempt to cover the same ground as will be found in the masterly work of Bayliss or Loeb, but he does present essentials in a thoroughly scientific and interesting fashion, and in the particular field of the transmission functions, the analysis is thoroughgoing and complete.

Lillie's fundamental thesis is that the organism presents a regularity which is manifestly dependent upon the regularity of its component physico-chemical processes, and that analysis shows these to present the same constant and reproducible results in living organisms as in non-living systems. Growth, development, and an integrative correlation of activities are the chief distinguishing characters of organisms. The essential problem in the physiology of growth rests upon the conditions of specific chemical synthesis in protoplasm. The problem of integration resolves itself into the problem of transmission. Lillie makes special use of "models"—artificial systems in which the action of single factors may be isolated and observed—in his analysis of these problems, and one of the most interesting and helpful of these models is the one he has developed to show the physico-chemical nature of nervous transmission.

The book contains a total of fifteen chapters, which will be grouped somewhat in our discussion. The first two chapters deal with the general characteristics of living matter. Here are found excellent short discussions of metabolism, growth, heredity, irritability, regulation, and adaptation (in the general biologic sense), spontaneous activity, and general physiology. The second chapter deals with the problem of cellular organization. There the author presents in very clear fashion the modern conception of membrane function, where the older conception of the membrane as an insulating or protecting device is supplemented by the modern conception of semi-permeability built upon the observation that the membrane is only slightly permeable to the water-soluble substances present in the protoplasm, while freely permeable to water. At the boundary between the surface membrane and the surrounding medium, all the phenomena characteristic of phase boundaries are found, such as electrical properties, surface tension, and adsorption. Chapter three deals with the general and specific characters of living organisms, and the maintenance of metabolic equilibrium is discussed in simple, yet adequate manner. The author takes the notion of adaptation from its general biologic setting—where it is largely that mysterious something that makes for survival—and shows that it is physiologically a sequence of regulations dependent upon irritability of tissue. He gives attention to the problem of specific form determination and discusses its relation to the problem of the chemical constitution of compounds and their crystalline or molar structure. His discussion of the experimental modifications of growth and heredity is particularly interesting. Certain stimuli—electricity, light, temperature—are responded to by changes in rate or manner of growth, and the author points out that these changes in metabolic synthesis are called forth under the same conditions as the more familiar types of response, such as muscular contraction in animals. He also shows the influence of Child's recent work in his contention that in many instances normal physiological activity is a prerequisite for normal growth and development. The need of activity for normal growth is most evident in the adult stages of higher organisms, as is shown by intermittently active voluntary muscle. Another interesting part of the chapter is devoted to the general features of the stimulation processes.

Chapters four, five, six, and seven deal with the physical character of protoplasm. The author presents here the catabolic nature of physical diffusion and the chemical processes of oxidation and hydrolysis, and the compensations by which living protoplasm is kept in a state of permanent existence. The general conception of living matter, as a system holding its own through a balance of constructive and disintegrative processes, is fundamental in modern physiology. The author discusses here the chemical activity of living matter as related to structure and shows the dependence of the former upon the latter. In all cases the synthesis of specific proteins, the reactions essential to growth and maintenance, require the intact protoplasmic structure. The structural breakdown characteristic of death, or due to the presence of lipoid-solvent compounds like chloroform, apparently indicates that during life there exists a partitioned or alveolar structure in protoplasm. Many of these breakdown phenomena are shown to involve the loss of the normal semi-permeability of the plasma membrane. Since it is generally recognized that colloids form the basis of protoplasmic structure, Lillie gives us an analysis of colloidal phenomena with the emphasis upon the emulsions. His discussion of adsorption phenomena is splendid. It covers about twenty-five pages of the book. The discussion of permeability of protoplasmic membranes is thoroughgoing. He draws considerably from the work of Overton, Hober, and Osterhout.

Chapter eight is devoted to an analysis of the relation of inorganic salts of the medium to the physiological processes of protoplasm. Chapter nine presents the action of lipoid alterants and chapter ten discusses catalysis in relation to the chemical processes in living matter. Chapter eleven deals largely with the electrical factors in catalytic action of protoplasm.

Chapter twelve on stimulation and transmission is introductory to the remaining chapters of the book, which take up bio-electric phenomena, membrane changes during stimulation, and the physico-chemical basis of nervous transmission. These chapters will be considered by many to be the contribution of the book, largely because of Lillie's well-known work in these fields. However, the reviewer is of the opinion that those who attempt to make use of the material on nervous transmission without due consideration of the preceding chapters will make a serious mistake. Just here lies the fatal defect in present-day physiological psychology, for example. There is too much citing of this definition of inhibition or that theory of conduction, and altogether too little of the general appreciation of that splendid body of science of which these terms form only the skeleton.

The reviewer is impressed with the enormous amount of experimental material that the author has classified and placed in accessible form, and he ventures the opinion that nowhere in English will one find a more scholarly treatment or one more likely to be of real service to those sciences which can make use of the researches of experimental physiology.

George S. Snoddy.

University of Utah.

Practical Psychology for Business Executives. By Lionel D. Edie. (The Modern Business Executive's Library.) New York: H. W. Wilson Company, 1922. 392 p.

Practical Psychology for Business Executives is a book of abstracts, a compilation of notes from many sources, brought together by the author and loosely strung along under various chapter headings. In reviewing a book of this nature, several approaches are possible. One can consider the choice of the abstracts, their coherency and relation to the title of the book, the validity and potency of the sources, the care and appropriateness of the selection, and other matters of that nature; or one may consider whether or not the book answers the purpose for which it was intended—namely, whether it is a really good guide in practical psychology for business executives; or, finally, one can make the approach from a more general point of view and ask what is the value of such a book as this. Perhaps the best way to present an all-round view of the book is to discuss it from each of these angles.

In the first place, the effect of a book of abstracts is to produce a certain amount of confusion. It is difficult to jump from a paragraph of Goddard's, for instance, on "levels of intelligence" to one by Filene on "successful application of psychological principles", with no intervening paragraph to prepare one for the shock. Nor is it quite fair to the authors quoted to pick them up in the midst of a thought and drop them again without following through their argument, as we so often find the author doing in this book. The abstracts themselves are arranged according to some sort of a scheme, no doubt, which Mr. Edie had in mind at the time of compilation, but on first perusal they give very little orientation even to one who has read much in the field in question. Were there some connecting link of explanation to tide the reader over from one abstract to the next, to absorb the shock of shifting from the literary style of G. S. Hall to that of C. H. Cooley, the distracting effect might be mitigated. The general effect of the book in its present form is that of a crazy quilt in which patches of calico lie side by side with remnants of an old silk gown.

There is one more serious criticism of the general make-up of the book, and that is in regard to the print. It is fine and lightly inked, a tax for eyes of even strong endurance. What "business executive" would plow through 387 pages of fine print, especially in the form of abstracts? Of course he is at liberty to read only a few of the abstracts here and there, could he be certain that he would accidentally light upon the very few that would really prove of benefit to him. And this brings up the second point—of what real value is this book to business executives?

It seems to me that the only really practical bit of psychology in the book is the choice of the title, which makes it easy bait for the modern business man interested in getting the material that psychology has to offer to industry. It probably sells well under that title. But upon close examination, one finds little that is really psychology in the scientific sense, and assumes that the author means by "practical psychology" that loose interpretation of the term which simply makes psychology synonymous with "common sense". It would have been simpler to have referred to *Poor Richard's Almanac,* which the business executive would find delightful in style and full of valuable suggestions.

Of the nineteen chapters of the book, the first fourteen are for the most part concerned with general discussions, and the abstracts selected are from authors known best in the fields of sociology and economics, along with some from successful business executives. The last five chapters are really concerned with the problem of applied psychology. Chapter XV considers the value of psychological tests, with abstracts from Walter Dill Scott, H. L. Hollingworth (this is quite long and sufficient to give a real idea of the argument of the original author), Charles S. Meyers, Henry C. Link, Yoakum and Yerkes, Thorndike, R. W. Kelly, H. D. Kitson, and J. Crosby Chapman. The last mentioned, by Chapman, is a good instance of the unsatisfactory character of abstracts. The author quotes a paragraph of introduction and leads one up to the most interesting part of Chapman's contribution—the description of the various tests—and then passes on to the article by Kitson.

Chapter XVI concerns itself with "the far-reaching consequences of fear in industry". Here, again, we have psychological terms with economic and sociological treatment. Chapter XVII again comes back to the subject matter of psychology in discussing fatigue control and industrial efficiency; Chapter XVIII takes up the pathology of the worker, with abstracts from Southard, Jarrett, Adler (Herman), Hart, and Healy; Chapter XIX treats of the contributions of abnormal psychology to business problems.

Mr. Edie's own introductions to the various chapters, as when he gives his opinions of the trade-union movement, are undoubtedly sound from an economic point of view, but in the matter of psychology his statements—as, for instance, when he speaks of the "drives"—sound unfortunately like an acquired set of phrases from current psychological literature without any real personal research or conviction behind them.

In trying to get out a book that would be of real value to business executives, had the author reviewed his material, selected ideas and suggestions from the various sources, and put them together in some coherent, unified way—re-created them, as it were—much time and fatigue would have been saved the "tired business man". The real value of the book lies in its suggestions for further reading. For a student or one interested in doing research work on the problems in question, the abstracts are sufficient to give an idea of the treatment of the subject matter by various authors and to stimulate further reading of the books from which the abstracts are taken. But the business executive is not looking for a long reading list, the material of a large part of which is not pertinent to his problems. That is the job of the student.

SADIE MYERS SHELLOW.

Smith College School for Social Work.

LE CERVEAU ET LA PENSÉE. By Henri Piéron. Paris: Felix Alcan, 1923. 328 p.

This book covers the ground one would expect in a rather complete analysis of the relationship between the brain and the thought processes. The treatment in the main is popular and interpretative, and in many instances scientific accuracy is sacrificed to gain illustrations likely to appeal to the general reader. Fortunately, however, this criticism does not apply to all portions of the work. On the whole the treatment is much more anatomical than psychological and, except for those sections given over to the analysis of aphasia, the emphasis is upon anatomy rather than upon physiology.

An example of Piéron's popularization is seen in the first chapter. A free translation of a paragraph will suffice to show the point: "Another characteristic of nervous functioning is the organization of nervous elements into levels. The first stage in the organization and division of labor is the setting aside of certain parts for receiving only and others for sending only. This is comparable to the communication department of a large, highly specialized commercial establishment. Besides employees who send only and those who receive only, there are those who elaborate the orders (the chiefs) and those who communicate between the chiefs and the other employees. In the process the orders and messages are worked over, carefully classified, criticized, and elaborated. Some messages are turned over to the lower employees because the responses necessary are simple and not in need of elaboration. The level messages reach depends upon their need of elaboration. This need is soon recognized if the message has appeared many times before; in which case it is transmitted to the proper level without delay."

Some years' experience in teaching elementary psychology has convinced the reviewer that this kind of anthropomorphism is the worst possible when put in the hands of beginning students. It is doubtful if an author is ever justified in using such simplifications. The frequent appearance of such careless illustrations vitiates many chapters in the book.

The book is divided into four parts, each consisting of from three to five chapters. The first part deals with the general conception of "neuro-mental" functions. Three chapters are given to this, two of which are introductory, while one is given over to the problem of localization. There is very little new material in the section. The chapter on localization is carefully done.

Part two deals with the sensori-motor functions. The discussion of the receptors is in general what one will find in textbooks on physiology, with the addition of paragraphs on coördination, which are noticeably anthropomorphic. One chapter presents some of the author's ideas on the shifting of coördinations from one stimulus to another. In this chapter one finds an attempt made to use the experimental work of Lapicque, Sherrington, and Lillie. It seems to the reviewer that little is accomplished here aside from the assembling of material on the physiology of nerve conduction.

Part three takes up verbal functions and thought and deals largely with aphasia, of which it is a very complete analysis. A total of eighty-five pages are given to the analysis of the aphasias alone.

Part four is devoted to the affective regulation of the mental life. This is largely an assembling of the ideas that have appeared for many years in the *L'Année Psychologique* from the pen of the author.

On the whole, Piéron presents to the American reader what seems to indicate the static condition of French psychology. The high lights that bring into clear outline the various phases of American psychology to-day seem to be entirely absent. One finds no significant references to the work of American behaviorists, no use of the conception of developmental levels (mental ages), no references to the recent German approaches to the thought processes. To one who has become interested in Pavlov's work Piéron will appeal, since he has made real use of Pavlov's experiments throughout his book and has added much material to what is current in America at the present time.

George S. Snoddy.

University of Utah.

The Physical Basis of Life. By Edmund B. Wilson. New Haven: Yale University Press, 1923. 51 p.

The Coming of Man. By John M. Tyler. Boston: Marshall Jones Company, 1923. 147 p.

Studies in Evolution and Eugenics. By S. J. Holmes, Ph.D. New York: Harcourt, Brace, and Company, 1923. 261 p.

These three books are significant examples of a growing tendency. They are fair representatives—neither the best nor the worst—of what is being done to meet the increasing realization that there exists an intimate relation between the doctrines of modern biological science and the practical affairs of human life. And it cannot be said that they are wholly satisfactory; for, as usual, there is evident failure to effect complete communication. The biologist, no doubt, must write biology, but scientific soundness, while it may content the special student, will never, of itself, be sufficient to attract and hold the attention of the intelligent public. The stage is set for the entrance of the biologist with genuine literary ability.

Professor Wilson's little book is a *de luxe* pamphlet on protoplasm as represented by cell structure and behavior in mitosis, fertilization, and early embryogeny. It is clearly written and well illustrated and concludes with an appeal for loyalty to the tottering mechanistic conception of life. The scientific, but non-biological reader will find this book of value chiefly in consolidating and unifying his grasp of a subject the details of which must be sought elsewhere.

In *The Coming of Man* we have an attempt to present the evolutionary story in terms fit for the general ear. The first half of the book briefly sketches the rise and fall of successive types, from the beginning of life to the coming of historic man; the second is devoted to setting forth at some length Professor Tyler's own philosophy. It must be recorded that this philosophy, from *The Logic of Evolution* to *Perfect Health* (!) is platitudinous, inconsistent, and, to this reviewer, uninspiring. The dominant forms of one age, we are told, never give rise to the rulers of the future; but man, unfortunately, seems to be the dominant species of the present! Thus, to avoid the logical conclusion, the moral and religious powers of humanity are viewed as the sole elements in future evolution—"personality" is the goal; "rightness of will and effort"; "not carefree enjoyment, but struggle"—and yet at the end "those who seem to think that the chief reward of life, if not its chief end, is the joy of living" are mentioned with approval as likely to usher in the new dawn. In literary style the book is extraordinarily repellent. The short and jerky sentence structure soon tires the reader and renders him unable to cope with recurrent unintelligibility; nor does a sparse and rudimentary humor suffice to revive the flagging spirit.

Dr. Holmes' book is a series of unrelated articles, reprinted in part from magazines; hence the book is disorderly, lacking in unity. And this constitutes a real defect, for the reader is uneasily conscious of a fundamental continuity in principle, which might have been properly brought out with a little effort in the direction of integration. Moreover, grace of style is again withheld and humor is almost wholly lacking. But the sociologist will find something of interest in these essays, for Holmes understands the social significance of biology and his facts and applications are reliably and judiciously set forth. There are sixteen chapters, each complete in itself, dealing with such topics as our deteriorating inheritance, heredity and mind (on this see Kellogg's excellent little volume, recently published[1]), the question whether early marriages produce inferior offspring (discussing Redfield's notions), birth control, immigration, the Negro.

Of the three volumes under review, the last alone will prove to be a valued item in the psychiatrist's working library.

H. M. Parshley.

Smith College.

Living with Our Children: A Book of Little Essays for Mothers. By Clara D. Pierson. New York: E. P. Dutton and Company, 1923. 250 p.

This book comes from an author who has already demonstrated her ability to hold the attention of small hearers with *Dooryard Stories*,

---

[1] *Human Life as the Biologist Sees It.* By Vernon Lyman Kellogg. New York: Henry Holt and Company, 1922.

Among the Forest People, Three Little Millers, and other tales for rainy-day and bedtime entertainment. It is not surprising that she should write for mothers a few suggestions as to the handling and management of common childhood problems which she as a mother and teacher has met and apparently solved in a satisfactory manner. The book contains only 250 pages, which are divided into twenty-four short chapters, with such attractive titles as: *Enjoying the Job, Concerning Teasing, On Having to Mind, Laughter, Motives, Fatigue Problems, The Gentle Art of Management, All-Aroundness, Retribution or Reformation, Joyful and Steadying Responsibility, Wherewithal Shall We Be Fed?* and the like. In these chapters the writer tactfully clothes many wise and wholesome truths which frequently escape recognition by sponsors of child guidance because of the dreary, homiletical manner in which they are too commonly presented. For example, in the chapter on ''all-aroundness'' she says: ''There is a general and pernicious tendency to consider certain kinds of necessary work as beneath our dignity. Most of us outgrow this tendency more or less completely as we increase in years and presumably in wisdom, but as a rule we do not outgrow it until it has cost us much inconvenience, expense, and unhappiness. How desirable a thing it would be if our children could start in where we leave off in this matter.'' Then follow several concrete plans by which the busy, but resourceful servant-keeping mother can manage this training in homely accomplishments. ''Pegasus, the winged steed of fable, was most wonderful, of course, and there is much pity aroused by the thought of Pegasus at the plow, but there must ever be plow horses in this world, and their life is not unmitigated drudgery. They labor shoulder to shoulder with their fellows in doing their master's will, and their food is eaten with the workers' zest. They do not soar as Pegasus does, yet the rich brown earth is wholesome and sustaining, and there are many sweet and refreshing nibbles of grass to be seized at the end of the furrow. Suppose, while we are supposing, that Pegasus should lose some feathers from his wonderful wings and come tumbling to earth. Might he not find comfort there among his fellows at the plow? And why should he not occasionally trudge beside them between flights, even though his pinions be intact, if only for the sake of the companionship and the deepening of his sympathies? Think what an incentive it would be to the colts!''

Another happy feature of *Living with Our Children* is the fair and simple way in which the child and parent points of view are presented with argument that is convincing and devoid of sentimentality. In the chapter *Concerning Teasing* one reads: ''Normal children reason fairly well concerning matters in their own little world. If they want a certain thing which seems especially desirable to them, why should they not ask for it? They do. If they do not receive it for the first asking, why should they not ask again? They do. And as long as there is a chance that persistence will bring them the coveted object, they persist. That is perfectly natural. Regarded in one way, it is even commendable. Whence would the world draw its supply of canvassers, promoters, even of reformers, if there were no such thing as reward for persistence?'' ''If there is absolutely no chance of success, why should a child tease? He does not. At least he does not after he has proved the matter to his own satisfaction. Of course, he tries the method out pretty thoroughly before drawing his conclusions. We all would. Conclusions are worthless unless based on ascertained facts, and of course they may be reversed later if the facts are altered. He may find that teasing never works with his father. He may find that it does work with his mother. If so, he continues to tease. Why not? Or he may find that, when she is well and not too hurried, he cannot harass her into conceding to him that of which her judgment disapproves, but that, when she is half ill or rushing to make a train, he can do so. In that case he acts accordingly.'' ''If we take time to consider the first request fairly and give the answer distinctly, it is unjust to both the child and ourselves to change the decision unless some new element arises to alter the situation. If he learns that the first decision is to stand—learns it, not from assertions of the fact, but from its standing—teasing will cease. Fortunately for all of us, human nature is so constituted that it yields to whatever is proved to be inevitable.''

It is also worthy of note that the words ''psychology,'' ''complex,'' ''repression'' do not appear throughout the text, and yet its pages deal most helpfully with concrete problems of behavior adjustment involving instinct, habit formation, emotional states, and reasoning processes. This book supplies a very definite need on the part of family physician, pediatrician, and other medical specialists for sane and understandable reading matter to put into the hands of parents, teachers, public-health nurses, and social workers who are daily confronted with perplexing issues in the realm of child guidance. For after all it is well to remember that the laity is little interested in our respective theories of behavior curatives unless these theories are accompanied by corrective exercises and common-sense suggestions.

ESTHER LORING RICHARDS.

Henry Phipps Psychiatric Clinic.

The Unconscious; An Introduction to Freudian Psychology. By Israel Levine. New York: The Macmillan Company, 1923. 215 p.

If one discards the numerous literary weeds, the effusions of the hosts of scientific pretenders, and the purveyings of sensation-mongers that have gathered about psychoanalysis, there remains an amount of literature so vast that it almost overwhelms one who seeks to plumb its depths. This literature may be roughly divided into two parts: that contributed by Professor Freud and—all the rest. Aside from the fact that he gave it life, it is hardly an exaggeration to say that he also gave to psychoanalysis all of its body and most of its form. One may count on the fingers of one hand the men who added anything original to what Professor Freud has created, and perhaps on the fingers of both all of the straws they contributed to the main structure. Nevertheless, an extremely valuable literature of the second order has grown up, a literature that has for its purpose the popularization, interpretation, and both the practical and theoretical application of psychoanalysis.

Perhaps the most important and possibly the most enduring part of psychoanalysis is its contribution to normal and abnormal psychology. Not that its practical application to the treatment of the neuroses has not proved to be the best, if not the only, scientific approach to the problem; but it is on its theoretical side and as an applied science in all fields of mental endeavor that psychoanalysis has stirred the thoughts of men and at the same aroused the most violent criticism and stubborn antagonism. Academic psychology has been especially violent in its criticism, even though (or perhaps because) it has been rather slow in accepting the real significance of the dynamic concept of the unconscious. The main shafts have been leveled against the unconscious because it is conceived to have its mainsprings in the sex instinct, to lead almost an autonomous existence, and to exercise the greatest power in the psychic life of the individual. Failure to accept the Freudian concept of the unconscious in its relation to the foreconscious and conscious and to concede its roots in the sex instinct means to deny the significance of its dynamism, and to make empty the phrase, dynamic psychology. It is, therefore, on the field of the theory of the unconscious that the hardest psychologic battles have been and are still destined to be fought.

Realizing its importance, Mr. Israel Levine has devoted a whole volume to the psychology of the unconscious. Although his work falls into the second group—that is, the literature of interpretation—it is none the less a very useful contribution. The author divides his book into five parts and devotes the first to a consideration of "the unconscious before Freud''. Here he gives a rapid and all too brief sketch of the views held by philosophers, beginning with Leibnitz, then skipping to Schopenhauer, and on to Hartmann and Nietzsche, not leaving out Samuel Butler. Both the positive and the negative views on the unconscious held by psychologists, especially of the academic schools and the ''dissociationists'', are scantily alluded to if not altogether ignored.

In the second part Mr. Levine defines the unconscious, dwells on its dynamic character, and takes up the question of resistance and repression. He then proceeds with the evidence derived from dreams, errors, wit, and a consideration of the psychoneuroses. The third part takes up the ''validity of the unconscious'', and considers the conscious and unconscious mental processes, the relation of the conscious to the unconscious, and the theoretical interpretation of both. Part four, which deals with the ''setting of the unconscious'', is the most important part of the book. Here metapsychology, or the psychology of psychoanalysis, is carefully considered. The dynamic, topographical, and *economic* relations of the psychic life are discussed; repression, development of the unconscious, the characteristics of unconscious process, the relations between the conscious and unconscious system and, finally, the nature of the ego and sexual instincts are analyzed in turn. In part five, under the title, *The Significance of the Unconscious,* Mr. Levine finally discusses applied psychoanalysis. Himself a philosopher, he could not forego the implications and wide ramifications of psychoanalysis. In turn are discussed psychoanalysis and education, crowd psychology, personality (including Jung's views), hedonism, the free will, art, philosophy, the problem of meaning, and, finally, reason and the reality principle.

From this brief review it is evident that the author has undertaken a fairly comprehensive study of the most important problem of psychoanalysis—namely, its psychology. The book is a good digest, but somewhat choppy. It is based almost entirely on Professor Freud's works, which is much to its credit. Most of the quotations—and they are to be found on every page—are from the *Introductory Lectures* and the *Sammlungen,* and there are not a few references to all the other important works of Professor Freud. The author knows his subject and reveals his learning in philosophy. Part five, although the longest chapter, is rather sketchy. It is a question whether it really forms an integral part of the book. The tremendous influence of psychoanalysis on human thought can merely be outlined in a few pages; it cannot be thoroughly discussed. Perhaps this is all that the author intended to do. However, Mr. Levine has succeeded in compiling a very useful book. It is no discredit to say that it is not original; what is important is that it is an accurate presentation of the theoretical considerations of the unconscious. It has an honest title. As an introduction, it can be used with profit by all who are earnestly interested in psychoanalysis. Those who want to know the subject should follow the trail to the original sources.

ISRAEL S. WECHSLER.

New York City.

THE HOSPITAL LIBRARY. By Edith Kathleen Jones. Chicago: American Library Association, 1923. 190 p.

This book, published during the past year, is a very carefully prepared outline on the subject of the use of books in hospitals. Miss Jones's long experience in a mental hospital makes the chapter on the library of a mental hospital especially complete and authoritative. The enthusiasm of the writer is evident throughout the book. Rarely it oversteps the bounds of moderation, as when the librarians at Camp Devens are described as wearing gas masks. Undoubtedly they wore gauze protectors during the influenza epidemic, but why gas masks? On the whole, the enthusiasm of the writer is contagious, and we are made to realize not only the great opportunities that lie all about us in the wealth of literature available, but also the fact that the hospital that does not make use of the cheering and informing presence of books is hardly ministering to its patients to the full extent of its ability.

Throughout, the book is full of practical suggestions as to the books best suited to various age periods, to the various ills of mind and body, and to the trying period of convalescence. Also, we are told in a practical way how books can be selected, purchased, classified, and distributed. Practical hints are given for the provision of books in hospitals operated under the group system and advice is offered as to the qualifications necessary in the librarian and the requirements of the model library. Especially valuable is the section entitled *What Can I Read Aloud?* Here we are brought face to face with many old friends whom we had almost forgotten and whose delights the reviewer at least found to be no way tarnished when he subjected them to a rereading.

At the end of the book we have a list of titles classified and arranged in such a way that the doctor, nurse, or social worker may, in the briefest possible time, make adequate selection of reading for all types of patients. The completeness of this little volume may be judged from the fact that it also furnishes us with a list of books and periodicals for the nurses' library and with a comprehensive bibliography of hospital library service. In brief, *The Hospital Library* is a most complete and up-to-date *Who's Who* of books not only for the sick, but for the well who are associated with hospitals and hospital work.

Butler Hospital. ARTHUR H. RUGGLES.

EXPRESSIONISM IN ART: ITS PSYCHOLOGICAL AND BIOLOGICAL BASIS. By Oskar Pfister. Authorized translation by Barbara Low and M. A. Mügge. New York: E. P. Dutton and Company, 1923. 272 p.

The headings of the chapters of this book are as follows: *Introduction; From the Analysis of an Expressionistic Artist; The Psychological and Biological Background of the Analyzed Pictures; The Psychological and Biological Background of Expressionism; Conclusion.*

The term expressionism, as technically used in the art world, is confined to the form of art that may be described as the subjective replacement of the individual artist's mood for the reality that he contemplates; therefore, the mood is really the picture. Obviously, such a phase of art can be understood only by a subjective psychological investigation of the deeper or unconscious motives and desires of the individual artist. In other words, in order to study expressionistic art in a scientific manner, there must be a knowledge of all the acts and thoughts, and the union of these, in the total life experience of the artist. One must not make the mistake of thinking that such studies are synonymous with an æsthetic appreciation of reality. Rather, it is the essence of the mood generated in the artist by his contemplation of the object that he desires to reproduce. Nearly all psychologic studies of art have been too casual and are not sufficiently detailed for us to grasp the creative effort used in such art studies. Pfister has not escaped this criticism, inasmuch as his data were drawn from but sixteen sittings of a single expressionistic artist, whose identity is disguised under the pseudonym José. These analyses were not strictly analytic, as the subject was never in full rapport; the séances were undertaken under the most trying environmental conditions, and so soon as the main conflicts were fairly well exposed, they were discontinued as being too painful or were thought not to be worth while. The author, however, has succeeded fairly well in outlining the main difficulties in the life of his subject, and has shown how these conflicts have modified, if not developed, the artistic expression in his work. Too much stress seems to have been laid upon the symbolic interpretation of dreams rather than upon a direct analysis of the infantile unconscious in bringing into consciousness actual memories of situations and thoughts personally experienced by the artist.

The author finally undertakes to point out some of the main factors that go to integrate the individual artist's background of expressionism. This is carefully studied in the descriptive and causal attitude; the biological investigation of art; the æsthetic element; the functional norm of artistic activity; the subliminal origin and the automatic character. He gives a few reflections on the autistic aspect and some discussions of the relationship of genius and madness in creative effort, the conscious elaboration of intuitive elements, and the relationship of expressionism to æsthetic norms. The final hope of art is expressed in the author's statement: " Let us hope that out of the powerful concentration and inwardness of this art movement, and out of its heroic breach with the burden of historical tradition, with its daring emphasis of the individual's necessities, will arise a new painting, a new sculpture, a new poetry, which, anointed with a prophetic spirit, will combine the deepest sense for realities with the possession of ideal forces. For art at its best is, and ever will be, a message of Advent, an announcement of the Great Joy that will come to all peoples, a symbolic preparation for Peace upon Earth. Art at its best is always a wordless, fervent prayer: 'Thy Kingdom Come'."

The study is fragmentary, as a single case, incompletely analyzed, must be. The book is very interesting and quite well worth reading. It is a frank and sympathetic handling of the psychological approach to expressionism in art. L. Pierce Clark.

New York City.

A Plea for Monogamy. By Wilfred H. Lay, Ph.D. New York: Boni and Liveright, 1923. 300 p.

This book on the subject of marriage demands more than a passing consideration. It is intended for the general public, and it is written by a man who has assumed a leading place in the popular exposition of modern medical psychology. The question considered is one of the really great social and medical problems of the day. The title of the book and its publishers' methods of advertisement and sale stir curiosity and imagination and promise a large circulation.

Part of the author's discussion is entirely sound, timely, and altogether fine. On the other hand, much of it is unnecessary, inaccurate, and misleading. A casual inspection of the volume by the ordinary man, either lay or medical, will be likely to leave a bad impression. He will note the circumlocution of style, the poetic flights of fancy, the sentimentality, and the open discussion of matters most intimately personal. A more careful reading is necessary to discover the sincerity of treatment, the sound truths presented, and the general ennobling conception of the marriage relationship which is achieved.

Dr. Lay faces squarely the sex problem in relation to the success and happiness of matrimony. He maintains that sexual adjustment in marriage should not be left to the play of blind forces and chance influences, but that the factors involved are amenable to control through appropriate education, self-understanding, and conscious direction. The business of love, according to him, requires deliberate thought and attention, the same as any other business of life. To consider that all planning and effort can cease at the altar, and that some sort of spontaneous adjustment in the love relationship will then take place, is a method of procedure unworthy of civilized man and potential of disaster. Intellectually, man has developed to the stage of 1923. Emotionally, he is apt to have remained at a prehistoric level. And it is from this emotional equipment, operated largely without direction, that he has been accustomed to weave the central fabric of his married life. Dr. Lay pleads that there should be brought to this task the understanding and skill which twentieth-century medical and psychological knowledge make possible.

According to the scheme of the book, man and wife meet on two levels—the egoistic-social and the erotic. The latter is defined as "sex plus love". On the egoistic-social plane the two should be fully equal. In the erotic realm there is no equality—the husband must be dominant to insure the happiness of both. This erotic dominance is a subtle thing, based upon the deep-seated differentiation of the sexes. It is the real standard for masculine virility. It has to do only incidentally with physical strength and vigor, but is an intangible something, more of the spirit than of the body. The wife achieves real happiness only when she receives such domination, and the husband, in like manner, is satisfied only when he gives it. Any other relationship is in just so far inadequate and becomes, not that of man and wife, but a union of undeveloped psychological levels.

As a sidelight on domestic harmony, it is stated that lack of real dominance in the erotic field often motivates the petty tyrannies of the husband in the egoistic-social relationship of the daily home life. The need for this type of self-assertion is not felt by the truly virile male. By a somewhat similar determining mechanism, the erotically undominated woman may strive blindly for her elusive goal by the method of nagging disagreeableness. As marital happiness fundamentally depends upon appropriate adjustments in the erotic realm, and as the husband is the dominant factor in such adjustments, therefore upon him rests the major responsibility for success or failure. It is he in particular who needs education and who must give intelligent direction to the business of marriage.

The physical side of marital sex life is discussed frankly, although medical detail is omitted. For supplementary elucidation the reader is referred to various writers on the subject of ''erotology'', at least one of whom by no means represents the leading medical and social viewpoints of the day. Dr. Lay considers the marital sex act to be the central part of an episodic union between husband and wife, in which are involved the highest psychic and spiritual qualities. A chapter on the love episode deals with this topic. The union should be complete in all its phases for both parties. Sexual gratification by the husband without response by the wife, even if she be a willing partner, is but an ''auto-erotic'' act on his part, and carries with it many of the unfavorable features which are connected with auto-erotism in general. Fulfilment of the marital love episode is outlined as something so complete and far above any substitution that it is in no way comparable with extra-marital love adventures. For the truly mated pair there is no wandering polygamous interest, even in the innermost recesses of thought. There is complete satisfaction for each in the other.

The author is extravagantly optimistic as to the possibility of successful marriages. Directed by the intelligent management which he believes can be employed, he feels that there would result perfect adjustment in the erotic field. With erotic adjustment once attained, satisfactory harmony on the egoistic-social level of everyday life would be easy of accomplishment, and consequently the question of divorce would become a relatively unimportant one. He comments as follows (page 158): ''By happy marriage is meant one in which the partners never have a really serious temptation to depart from the monogamic ideal. If thoroughly fused, neither will have the slightest temptation, for each will fill every erotic need of the other, and will continue to do so. . . . If men universally used this method, there would be no possibility of prostitution or any other form of infidelity, for no man, even following the lead of his own unconscious, would find anything better than perfection, and every man would find, because he had himself developed, perfection in his wife.''

Under the spell of the author's eloquence, one is reluctant to mar his Utopian dream by a breath of skepticism, but so the stern call of duty demands. To set forth such enthusiastic claims in regard to solving the marriage problem by teaching the philosophy of love and a few principles of sex hygiene challenges common sense and ignores the basic fact that the biological, psychological, and spiritual equipments which individuals bring to matrimony vary too widely to permit of generalization.

The material of this book could be condensed to fifty pages, instead of being spread over three hundred, with advantage from every point of view. Hyperbole, allegory, repetition, and sentimentalism add little to the presentation of the subject matter, but on the contrary tend to bury sound doctrine under avalanches of words. There is an unnecessary burden placed upon the reader in forcing him to winnow for himself the wheat from the chaff.

Perhaps the most lamentable fault of the volume is in confusing the issues of psychoanalysis and sex hygiene. Analytical psychology has thrown much light on the sex life of man as well as on all other phases of human existence. There most certainly have not been developed therefrom any standardized formulæ for behavior, sexual or otherwise. On account of a careless use of terms, the ordinary lay reader will be apt to accept the work as an exposition of psychoanalytic principles, thereby adding to the heavy burden of misunderstanding already borne by the new psychology.

After all is said in criticism, there is in the reviewer's opinion more good than harm in the book. It lifts marriage to a lofty plane, from which even the author's own bombardment of panegyrics does not dislodge it, and paints, not unconvincingly, possibilities of sustained glamour and richness in the marriage relationship beside which any illicit amours seem dull and insipid. The publishers of the book comprehensively recommend that the work be read by every married person and by those contemplating marriage. The psychiatrist need feel no compelling reason to disagree with them.

MARTIN W. PECK.

Boston Psychopathic Hospital.

THE COMMON NEUROSES: THEIR TREATMENT BY PSYCHOTHERAPY. By R. A. Ross, M.D., F.R.C.P.E. New York: Longmans, Green, and Company, 1923. 256 p.

In this day of voluminous—and often, too, indiscriminate—writing on all phases of the general subject of the neuroses, it is refreshing to find so much that is satisfactory in a single contribution. In the first place, the author has a very happy style. His ease of diction, clear mode of exposition, and apt explanation of theory and practice by means of appropriate case reports make the reading of this volume an enjoyable task and therefore easily double its instructive value. The chapters that cover the symptomatic discussion of neurasthenia, the hysterical reaction, and the compulsion neuroses, while they do not offer anything particularly new, are nevertheless concise and at the same time comprehensive delineations of the various clinical pictures ordinarily encountered. Ardent psychoanalysts, who regard the Freudian doctrine as *ex cathedra* infallible dogma, will probably feel that Ross falls far short of a true evaluation of their therapautic practices, just as rabid anti-Freudians will no doubt assert that he has grossly overrated their importance and application. Those who have not feared to point out some of the shortcomings of the so-called new philosophy and yet have not hesitated to possess themselves of its advantages will be in accord with the author's "middle-of-the-road" policy. He would in the majority of instances confine his treatment efforts to the presenting symptoms and their immediate source rather than unrestrictedly explore the murky depths of the unconscious. In his method the author finds, and not without justification, "the difference between cutting down accurately on a foreign body, whose exact position has been localized by the X-rays, and cutting up the patient at large because we have no X-rays. The latter might sometimes be necessary, but if the unavoidable injury can be confined to a narrow range, it will be better." Ross would add to the list of those on whom analysis should not be practiced, as tabulated by the foremost American Freudians, the very considerable group of neurotics who may be relieved of their symptoms by simpler means.

The classification may give rise to antagonism, but it is ingenious, interesting, and not devoid of merit. Briefly, "there are three bad ways of reacting to difficulties: (1) by over-reaction, (2) by under-reaction or failure to react at all, and (3) by pretending that the difficulty is not present. The first attempt at escape evolves into neurasthenia, which includes the anxiety neuroses or anxiety hysterias of many writers; the second results chiefly in conversion hysteria; and the third produces the compulsion neuroses." The theory of the neuroses revolves around positive or negative responses to an emotional state and the conditioned reflex. The former argues principally from the standpoint of exaggeration of physiological reaction to anxiety, and the latter is based on the oft-cited Pavlov dog and introduces the conception of an unconscious in which the seeds of deviating mental processes have been previously planted and conditioned. The student of psychiatry and psychology is familiar with these premises, and they require no further elucidation.

It is difficult to criticize the author's management of the neurasthenic. The physician's ultimate object is to restore the faith of the patient. The history taking and examinations, including the physical survey, should be detailed and complete and above all *never hurried.* To retract an opinion once given concerning the somatic state is fatal. The patient should be encouraged to talk freely. The conscious mind and its neighboring territory should be "pumped dry" before soundings are taken in subconscious waters. The explanation to the patient should be simple, but ample, and should be repeated until it is profoundly impressed. The author, who was once a devotee of Weir

Mitchell, has departed from his former considerable utilization of the rest cure, but is still inclined to keep the patient in bed for a few weeks. His reasoning on this point is a bit faulty. When he believed in the Mitchell plan, it was highly successful, but when he doubted its potency, it began to fail. In the reviewer's opinion this has nothing to do with the success or failure of the rest treatment, as the author seems to think, but is merely a roundabout way of stating that he himself has had a change of heart.

The following quotation embodies the therapeutic attitude toward the local symptoms of the neurasthenic state; in the main it is sensible and useful: "The principle on which the treatment depends is simple. The symptom has started originally as an emotional reaction: it has been perpetuated till it has become a habit because it was misunderstood. It was looked on as a manifestation of organic disease, and a remedy was sought for this. Sometimes that remedy was apparently found, but often it was not; the search, if it involved much disappointment, caused further emotional reaction—that is, prolongation of the symptom. When, however, the patient was led to perceive all this, it disappeared. As has been stated elsewhere, this is not the whole explanation of the perpetuation of symptoms, but it is clinically one of the most important, and it is the explanation which the patient is at this stage most ready to grasp. The different clinical manifestations should therefore be dealt with after this fashion *seriatim* from the beginning of the treatment while he is in bed being built up."

The author warns against the employment of dodges and tricks. If they fail, or even if they succeed at first and then become less potent, as is often the case, the situation created is apt to destroy, or at least seriously to endanger, the *rapport* between patient and physician. Relapses in neurasthenia are due to anxieties which should be focused in the consciousness, or probed for in the unconscious with the help of free association. A neurasthenic residual is an abnormal phenomenon which is retained because it confers an advantage on the individual. It is to be sought for and handled in much the same way, but not infrequently an adjustment of environmental and extraneous handicaps becomes imperative. Here, again, the technique of the author differs sharply from the usual psychoanalytic procedure.

Since 179 of 256 pages are devoted to neurasthenia, the discussions of hysteria and of the compulsion neuroses are necessarily less thorough. In both conditions the history and examinations must be carried out conscientiously and exhaustively. In hysteria the therapeutic approach is very similar to the one employed in neurasthenia.

Somatic manifestations are readily removed by persuasion, but of course the patient must not be left to his own resources after they have been made to disappear. Auto-suggestion would only make him the prey of new disabilities. The author deplores the tendency of certain writers to give hysteria a kind of moral implication and confuse it with malingering. Neither does he agree with the idea of the "reflex paralysis" of French neurologists, which they try to distinguish from true hysterical motor loss by assuming a degree of organic neuropathology.

Ross is somewhat pessimistic concerning the compulsion or obsession neurosis. The compulsive or obsessional act or thought is a substitute for unacceptable material which has largely fallen into the unconscious, or even more often has become detached from its moorings in the conscious mind, so that the patient is protected from disagreeable associations and consequent recognition. This material is to be brought into the scope of awareness, or, failing this, adjustment or reëducation is to be accomplished by a process of minimizing the obsession or compulsion. Frequently these two plans may be wisely combined.

There are a few minor criticisms. The definition, "a functional nervous disorder or neurosis is a nervous disorder where no physical lesion has been found", exceeds the premises of much constructive neuropsychiatric thought. The definition would have lost some of its dramatic value, but gained in accuracy, if the word "specific" had been inserted before "physical lesion".

The reviewer believes that in the presence of constantly shifting criteria it is scarcely progressive or scientific to demarcate sharply and somewhat dictatorially the organic-functional boundary. Neither does the distinction between neurosis and psychosis rest on such sure grounds that the following statement may be unreservedly accepted: "The psychotic lives, in so far as he is a psychotic, in a world of fantasy; the neurotic lives in the real world; its difficulties are greater by far for him than for normal people, but they are the same difficulties which all of us have. The difficulties of the psychotic arise from the fact that he is living in quite another world, in one which is not subject to the ordinary physical laws. Any psychotherapy which he is capable of receiving would require to be of a different order from that offered to a neurotic; of an order that would need to vary with the peculiarity of his own special fantastic universe."

Finally, the author has the exceedingly bad habit of using the term "lunatic" when he refers to the mentally sick. In this connection the words of Pierre Janet may be fittingly quoted: "The word 'lunatic' is now a term of police language, and indicates only an embarrassment felt by the police before certain persons' conduct."

These slight deficiencies do not detract seriously from the teaching value of *The Common Neuroses.* It is particularly recommended as a textbook for the general practitioner of medicine.

EDWARD A. STRECKER.

Pennsylvania Hospital, Philadelphia.

MENTAL HYGIENE AND THE PUBLIC-HEALTH NURSE; PRACTICAL SUGGESTIONS FOR THE NURSE OF TO-DAY. By V. May Macdonald, R.N. Philadelphia: J. B. Lippincott Company, 1923. 67 p.

The public-health nurse is a large and growing force in the war against disease and in the promotion of health. Public-health authorities are beginning to include mental disorders and their prevention among their health problems; and here and there public-health administrators have the vision of mental hygiene as an integral part of the general health which they are trying to build up in the community. But when they would instruct the public-health nurse in this branch of her work, they have sought in vain any one source of information. Abundant material is published in books and articles treating of one phase or another of the subject, but nowhere is it brought together and organized into a coherent and consistent whole. This situation is partly met by the helpful and stimulating little book under review.

The subject of mental hygiene is large, and even such part of it as can be used by the public-health nurse, cannot be covered in a book of less than seventy pages. But into this little volume the author has compressed a surprising amount of elementary information and practical suggestion, in clear, concise, and readable form. She touches on the prevalence and cost of mental diseases, the possibilities of preventing them, and the obstacles to carrying out preventive measures. The need of psychiatric training for every nurse, a few of the basic facts of psychology, the importance of odd or unusual behavior as possible symptoms of mental disease or defect, and a brief, but well-selected list of such manifestations, are then noted. A short chapter tells concisely the chief sources through which the nurse may learn of incipient or suspected cases of mental disorder in the community she serves, and another advocates her familiarizing herself with the mental-clinic resources of the community and methods of enabling patients to use them. The next three chapters deal respectively with the mental health of children, preventable forms of mental disease, and the mental defective, emphasizing in the latter the importance of other traits than intelligence and the value of careful training. The final chapter gives practical suggestions as to ways in which interest in and knowledge of mental hygiene may be spread in the community. There are reading lists at the ends of some of the chapters. The emphasis throughout is on prevention and on education of the public. Some readers might feel that the nurse was encouraged to be too much of a social worker. But the two fields overlap, and any right-minded social worker would only welcome the aid of such nursing as the author advocates.

To be disagreeable, the table of contents is not consistent with the chapter headings in the text. ''Psychothenia'' for ''psychasthenia'' (page 17) and ''Bient'' for ''Binet'' (page 59) are unfortunate misprints. There is no index. The price—$1.50—seems large for so small a book without cuts or tables.

Dr. Salmon writes a foreword. The reviewer echoes heartily his sentiments that such a book as this is needed, and that it should prove helpful, not only to the public-health nurse, but to that much larger public which consists of all who work or are otherwise interested in the social and medical fields.

E. Stanley Abbot.

Boston.

A B C de Psychologie. By Armand Cuvillier. Paris: Delagrave, 1923. 159 p.

This small book succeeds in doing what it sets out to do, presenting an exceedingly clear-cut treatment of the elements of psychology as understood by French scientists. It might well be translated into English, for it contains a good summary of the essential contributions of the French school. There is an air of modernity in it not always found in scientific contributions from France—modernity in spite of the fact that little attention is given to recent structural work in Germany and America, while American behaviorism and the researches of Pavlov are practically ignored.

The writer illustrates what seems characteristic to a considerable extent of French science—a national introversion, which appears not intentional, but inevitable. William James is the only American mentioned to any extent, while Wundt is referred to in the statement that Ribot introduced his work to France. Ribot is often used as authority; Maine de Biran is quoted a few times; Bergson receives much attention, not all of which is approving; while Pierre Janet is the psychologist whose influence is most marked. Whenever a problem arises recourse is had, not to logic, as is often the case with American and English psychologists in attempting to bridge unrelated evidence from different branches, but to research in abnormal psychology, and through this Cuvillier is able to apply a genetic method that is refreshing.

In the first chapter the facts of consciousness, studied scientifically, are considered the subject matter of psychology. The writer feels it necessary to lift the science of psychology out of the domain of metaphysics, and approves the phrase "a psychology without a soul". From James he adopts the "current of consciousness" as the best symbolic representation of mental states. He considers dispassionately the views of Bergson that psychological phenomena cannot be measured; that a sensation has no intensity and cannot increase, but becomes instead another sensation; and that it is a vain pretension to try to establish quantitative differences between subjective states. Bergson also holds that language cannot express the mental reality, that it but distorts this, for language is fixed, static, while the mental life is in flux, in process of development. These theses of James and Bergson are held to be useful reactions against the empiricists, and notably against Taine (Bergson's views applying also against the extreme theories of mental measurement), but the author declines to accept any absolute opposition between the external and the internal world, such as Bergson sees.

Chapter II enlarges the definition of psychology to include unconscious mental phenomena. Consciousness and unconsciousness are likened to degrees of attention. The activity of the unconscious in us is revealed by the sudden irruption of unexpected ideas into consciousness. However, the chief activity of the unconscious is in the domain of the feelings, as is particularly shown in cases of the semi-normal or abnormal, in hysteria, in cases of dual personality, and in hypnosis. The idea of the unconscious is valuable in that it removes the appearance of discontinuity in the stream of consciousness and permits us to accept a psychological determinism.

Indicating that the French psychologist is concerned with problems of scientific boundaries which have largely passed into the background in this country, the relation of psychology to sociology and physiology is considered, the writer declaring for complete independence from these two subjects which threaten to absorb psychology. Comte, he points out, denied the existence of an independent psychology and accepted the phrenological doctrine of the German doctor, Gall. While granting the importance of society, especially as indicated in the work of Durkheim, the writer holds that, although for primitive life the individual consciousness loses all independence under the collective consciousness and psychology is only a branch of sociology, in civilized life, as Durkheim himself pointed out, the individual becomes more and more of a separate entity, thus assuring the autonomy of psychology. Cuvillier here follows the views of Durkheim, and it is certain that no American psychologist would have considered this defense necessary—the tendency in this country often being toward denying sociology—while the researches of American anthropologists would seem to contradict the theory of the elimination of personality and individual psychology in primitive social groups. In regard to the relation of psychology and physiology, the author considers the parallelist doctrine very useful to psychology, for it causes us to explain mental phenomena so far as possible by purely mental causes, while at the same time we seek for the parallel physiological cause.

Introspection does not fare too well at the hands of the writer, the prevalence of this method at the time of Comte being regarded as in part the cause of his hostility to psychology. Introspection is held to be insufficient, although indispensable. Binet is quoted as regarding introspection as the basis of psychology and Ribot's phrase is used as summary: *"sans elle, rien ne commence; avec elle seule, rien ne s'acheve"*. Ribot is accepted as the creator in France of scientific psychology. Chief importance is attached to the genetic and comparative approach, the latter having been originated by the biologists, among them Georges Bohn and Bouvier. Lévy-Bruhl has made peculiarly his own the psychology of primitive peoples, while infant psychology has been studied by Preyer, Sully, Baldwin (where is Watson?) and Perez and Binet. Freud has produced conclusions from the study of dreams, lapses of speech, and so forth, which appear often *"un peu systematiques"*. All these writers are considered under the heading "objective psychology".

In pathological psychology the work of Ribot and Charcot is cited, along with the contributions of Janet and Georges Dumas. Binet's work in connection with *"les tests"* is regarded as of more significance than the contributions of Wundt and his students. Binet is held to be the chief representative of the school of psychometric measurements, his work in attempting to measure memory and intelligence being classed with the German studies in reaction time and intensity of sensations.

Consciousness is considered to develop up the animal scale according to the complexity of the conditions of life and to be originally an instrument of use in the adaptation of the living creature to his environment, disappearing when the adaptation is realized (as in habit). The writer quotes Bergson's view that consciousness is proportionate to the power of choice, and Abel Rey's that consciousness develops in strict relation to biological evolution. Consciousness is an activity of synthesis, as Janet points out, taking two forms, one purely mechanical, the other involving choice and adaptation. The conserving tendency of consciousness is at the basis of association of ideas, of memory, of certain forms of imagination such as revery, of habit, instinct, and the like, as well as the accompaniment of the function of reality. Consciousness has the double power of dissociation and of synthesis. The power of dissociation is manifested in choice, which permits a breaking up of past experiences and the prevention of automatism in their recall.

The writer's definition of mental capacity or intelligence is evidently that of analysis and synthesis, association being an aspect of synthesis. Attention is a heightened state of consciousness and first of all a mental synthesis. It is also a state of analysis. The principal characteristic of attention is the adaptation of the mind, of the senses, of all mental functions, to the present, ''or, if one prefers it, to reality''. Perception is the synthesis of many elements, of sensations of both external and internal categories. ''To perceive is to recollect.'' Judgment is the operation of synthesis, but it also necessitates analysis, in which attention plays an essential rôle.

In a consideration of the affective life, the James-Lange theory is denied and Janet's conception of emotion as an oscillation of mental levels, a lowering of mental tension produced by abrupt disorientation from the accustomed environment, is accepted. The two categories of affective phenomena, pleasure and pain, are at the opposite poles. Following Spencer, the author holds that activity is the source of pleasure and enforced inactivity the source of pain. Here, it would seem, is a confusion of biological and psychological theory, but perhaps it is as useful as any other explanation.

Some of the writer's best genetic thinking is done in relating the animal, the child, the normal, and the abnormal adult under mental automatisms, of which there are four kinds: (1) those of the animal, in which synthetic activity does not exist; (2) those of the child, in which synthetic activity has only appeared to a slight degree; (3) those of the normal adult; and (4) those of the abnormal adult, where a dissolution of mental synthesis is implied. Instinct is likened to somnambulism. The child is held to be in a state of dispersion analogous to the dream. This renders attention difficult even in adolescence, easily distracted, giving an instability of feeling and lack of the control exercised by intelligence in the adult. The child has not the sense of reality; he is curious, but superficially so, easily satisfied with merely verbal explanations. In morbid automatisms there is a mental disintegration, an insufficiency of the synthetic activity, notable in cases of amnesia and hysteria, more serious in double personalities where there is a breaking up of the personal synthesis into a number of centers and a complete dissolution of the mental synthesis, as in dementia, where delirium is nothing but the conquering of consciousness by automatism. Here are the cataleptics, who are reduced to the level of inferior animals, finding, perhaps, the lowest possible state of consciousness.

Janet's conception of psychological tension is held to permit oscillation of the mental levels and to establish a hierarchy of mental functions, based not on the old logical order which placed the most abstract operations at the top, but on a more solid basis of observation which may well overthrow the classical psychology. This basis is, of course, provided by the study of the mentally diseased, *the position of any function being determined by the readiness with which it disappears during mental disease.* "There are certain forms of purely mechanical reasoning which demand much less mental effort than 'the perception of a tree'." The sense of reality is early abolished, while language is likewise soon disturbed. Hence these two are placed high in the category. The theory underlying the scale is that the "*operations de haute tension*" disappear first in mental disease, and that these are the later and higher developments of the human psyche. The scale is as follows: (1) lowest of all, acts and operations purely automatic, which bring simply into play the conserving activity of consciousness; (2) just above this, the affective phenomena (in the neuroses and psychoses, emotivity, far from being lessened, is often exaggerated); (3) higher still, association of ideas and memory, which, if sometimes presented under an automatic aspect, manifest more often a certain spontaneity of selection; (4) attention, with which we reach the conscious and often voluntary form of the double activity of synthesis and choice which renders possible the intellectual operations, such as judgment, formation of general ideas, and the like; (5) on about the same rank as attention, the perception of objects; (6) one of the highest degrees of mental activity, the psychological function of language; (7) finally, at the top of the hierarchy, all that makes up the personality, the will and invention, or the creative activity of the mind. It is in this order that the psychological functions are surveyed by the writer. The book concludes with a brief and necessarily superficial consideration of the fields of applied psychology.

DOUGLAS FRYER.
LORINE PRUETTE.

University of Utah.

THE PSYCHOLOGY OF SELF-CONSCIOUSNESS. By Julia Turner. London: Kegan Paul, Trench Trubner, and Company, 1923. 243 p.

It would be justifiable in a magazine of this type to dismiss with a sentence this book, which exposes the author's "ideas of the conceptual life'', were it not that it invites a protest against that increasing class of ''psychological'' writing which takes exception to, improves upon, misstates, or restates in disguised or distorted form, the work of Freud and his followers. The author, who is the ''president of the Psychological Aid Society, founded Sept. 26, 1921'', in presenting her opinions, is a serene offender in this regard, playing fast and loose with analytic terms and disposing of Freud's carefully established theories with bold, categorical, though scientifically unsubstantiated assertions. Thus, on the second page we read: ''Professor Freud's theory and practice of dream analysis involves the same confusion of terms as I shall hope to explain'' (the explanation is unilluminating) and ''Professor Freud has launched psychology on a wonderful new career, but unfortunately he has overlooked the seemingly trifling distinction between consciousness and self-consciousness. As a matter of fact, it is the key to the whole situation'', the situation being ''errors in psychology''. The author is apparently naïvely ignorant of the fact that the entire terminology of dream analysis originated with Freud; that no consideration of the ego group of impulses exists as careful and brilliant as that which Freud has been evolving in his more recent writings, beginning with his *Einführung zur Narzissmus* (1914) and continuing to *Das Ich und das Es* (1923).

The author's own definition of self-consciousness is extremely vague, but we find that ''another name for the self-conscious subject is the conceptual subject''. In a general way, ''conceptual subject'' represents conscious activities in contradistinction to the perceptual subject which represents instinctive strivings. A little later we are apprised that ''LIFE-HUNGER and FEAR, so blended, give what is known as ANXIETY'' (we would refer her to Jones's *Papers on Psychoanalysis*[1] for Freud's conceptions of anxiety); and supposedly from this standpoint the author formulates an anxiety hypothesis. All by her lonesome, she has discovered that ''dream life appears to me to be nothing more nor less than the life history of the individual, a soul seeking salvation''. Thus she calmly bridges the gap between psychoanalysis and religion and finds toward the end of her *opus* that ''the Anxiety Drama appears to be a unification of Power and Expiation with resultant emergence of the soul''. And so, with bated breath and a sigh of relief, we arrive at her credo that the ''ultimate concern of the conceptual subject is his relation to the unseen'', and the conceptual subject ''knows or should know that he is hereby his brother's keeper''. It would seem that Miss Turner has few well-developed conceptual subjects among her friends in the

---

[1] See page 264 of this issue of MENTAL HYGIENE.

London Psychological Aid Society or they might have considered keeping their sister from her present endeavor.

One cannot criticize this hodgepodge of Freud, Jung, Dante, the Bible, McDougall, and others, from a psychoanalytic standpoint; nor, I think, could a theologian, a dramatic critic, or a biologist from their respective angles. Freud's name is mentioned every few pages and at each quotation of him we discover some erroneous conception (always without reference to the original source). Thus transference is called "the attitude expectant of salvation in every sufferer", "the amnesia" is used as if it were a patented term of Freud's, and so on throughout the book. Of course, Freudian theories are not exempt from criticism, elaboration, or change, but it is reasonable to demand some acquaintance on the part of the dissenter with the subject he attacks. C. P. OBENDORF.

New York City.

THE DIARY OF A DRUG FIEND. By Aleister Crowley. New York: E. P. Dutton and Company, 1923. 368 p.

This book is written with the verisimilitude of a Defoe, unless, as is more probable, the author's brief preface may be accepted literally:

"This is a true story.

"It has been rewritten only so far as was necessary to conceal personalities.

"It is a terrible story; but it is also a story of hope and of beauty.

"It reveals with startling clearness the abyss on which our civilization trembles.

"But the self-same Light illuminates the path of humanity: it is our own fault if we go over the brink.

"This story is also true not only of one kind of human weakness, but (by analogy) of all kinds; and for all alike there is but one way of salvation.

"Says Glanvil: 'Man is not subjected to the angels, nor unto death utterly, save through the weakness of his own feeble will.'

"Do what thou wilt shall be the whole of the Law."

The book is described in the publisher's note as "a swiftly moving, brightly colored picture of the hectic career of a man and a woman who have taken the fatal plunge into narcotism.

"Every detail is based on facts personally known to the author; and the glittering lure of, and the ghastly mental and moral havoc caused by, cocaine and heroin are described as they have probably never been described before."

In Book I—*Paradiso*—Peter Pendragon, an ex-medical student who has won distinction in the air service during the war, falls heir to his rich uncle's estate and becomes Sir Peter. In search of adventure in the bohemian world, he meets "Unlimited Lou", an unrestrained, original, and fascinating creature who teaches him to use cocaine. Together they go off on a wild honeymoon, sounding the heights and depths of perverted indulgence under the stimulation of the drug. After exciting adventures in several countries they find themselves back in London, where in Book II—*Inferno*—they sink to the lowest depths as addicts. In Book III—*Purgatorio*—Basil King Lamus, a masterful personality, a combination seer, philosopher, and super-psychoanalyst, takes them to the Abbey of Thelema where he conducts a cross between a Gnostic temple and a modern sanitarium with occupational therapy and psychoanalytic conferences on the side. Here the finishing touches are put to their cure and they learn their "True Will" and their real work in the world.

A note at the beginning of Book III states that the Abbey of Thelema is a real place; that the training there given is suited to all conditions of "spiritual distress", and for the discovery and development of the "True Will" of any person. Those interested are invited to communicate with the author of the book.

"Do what thou wilt shall be the whole of the Law. Love is the law, love under will." This is the formula that constitutes the refrain throughout the philosophy of King Lamus and his Order at the Abbey. From this one might expect to hear an exposition of the beauties of so-called free will in strict orthodox fashion; but the reader finds King Lamus approaching the case much as an honest-to-goodness psychoanalyst might if he had such helpful setting as is furnished by the abbey and such loyal assistants as Sister Athena, Lala, Mazie Jacobs, and the two charming children, Hermes and Dionysus. The uncovering of emotional conflicts and the recognition of the mechanisms underlying Sir Peter's and Lou's wild flight from reality goes on under the guidance of King Lamus in approved fashion and with the suggestion of a technique and a terminology that might lead us to suspect that the writer of the tale is quite familiar with at least the literature of the psychoanalytic school, with most devotion, perhaps, to the Zürich end of the bookshelf.

The psychology of indulgence and all the moral and social aspects of addiction are rather brilliantly set forth, including the psychology of the fall of Jabez Platt, the reformer and the framer of the Diabolical Drug Act.

The characters are all strikingly delineated, and Book II contains a really fine clinical picture of a drug psychosis.

The diction is excellent, the style exotic.

The average reader will, perhaps, be curious to know whether or not Aleister Crowley is a pen name, whether King Lamus is a flesh-and-blood psychiatrist, and whether on one of our European jaunts we might drop in overnight at the Abbey of Thelema at ''Telepylus'', sleep in the Stranger's House, drink champagne with the Big Lion and Sister Athena, and see the sun rise out of the sea from the great rocky promontory below the abbey.

We believe that any psychiatrist who has been called in consultation to some distant point, is facing some hours on a railway train, and hasn't room in his bag for Jung's *Psychological Types* or *Tertium Organum*, who has read his copy of MENTAL HYGIENE, *The Psychoanalytic Review*, *Journal of Abnormal Psychology*, or what-not, and who has been unable to filch from the Comstockians a copy of *Memoirs of Fannie Hill* or *A Night in a Moorish Harem*, should secure a copy of *The Diary of a Drug Fiend* and banish the tediousness of his journey.

CLINTON P. MCCORD.

Department of Educational Hygiene, Albany Medical College.

INTELLIGENCE TESTING; METHODS AND RESULTS. By Rudolf Pintner. New York: Henry Holt and Company, 1923. 406 p.

INTELLIGENCE TESTS AND SCHOOL REORGANIZATION. By Lewis M. Terman, Virgil E. Dickson, A. H. Sutherland, Raymond H. Franzen, C. R. Tupper, and Grace Fernald. Yonkers, N. Y.: World Book Company, 1923. 111 p.

MENTAL TESTS AND THE CLASSROOM TEACHER. By Virgil E. Dickson. Yonkers, N. Y.: World Book Company, 1923. 231 p.

Every one interested in intelligence testing should be familiar with this excellent summary by Pintner. It is an able attempt to tell what is meant by intelligence testing, what means are employed, and what results have been achieved.

The first section considers the various forces that have been operative in the development of tests. It shows how the necessity of considering exceptional children, such as the deaf, the blind, and the feebleminded, led people to a consideration of individual differences. Further impetus was given to this study by the growth of experimental psychology, and the recognition in the laboratory that there were inherent variations in performance. As a prime motivation in test development, the author refers to the perennial interest of mankind in his own capacities, an interest that shows itself in pseudo-scientific procedures as well as in psychological measurements.

Chief consideration is given to the work of Binet, which provided the greatest stimulus for the development of measurements of intelligence. A lucid statement of Binet's interest and of the various steps that led to the presentation of his final scale enables one to understand better the problem that those who measure intelligence have to face. The author then outlines the history of the introduction of Binet's scale into this country and the modifications and revisions that have been attempted. As a further development of measurement methods, the group tests of intelligence are described.

After a discussion of the concept of general intelligence, the distribution of this characteristic and various ways of expressing intelligence ratings are considered. Intelligence quotients, mental-age ratings, and percentile standards, are explained.

The third part of the book presents results that have been secured in the measurement of various groups of people. Beginning with the attempt to measure the degree of ability in so-called feebleminded children, the report considers the work that has been done in the way of detecting the child of superior ability, and also reports various pieces of work that have been done on the general school population. A significant contribution is the standardization of grade placement according to test age rather than chronological age.

Intelligence tests have been given of late years to many groups outside of the elementary school. Among them we find the college student, the soldier, the delinquent, the physically handicapped, the blind, and the deaf, as well as the dependent, the immigrant, and the employee. In conclusion, the author states that all sorts of mental traits are inherited in the same way as physical traits. Measurements of intelligence have done much to show that children are not created equal in respect to mental abilities. One's abilities are determined by one's ancestors, and environment cannot create new powers. The main function of education is to measure inherited capacities and to arrange the environment so as to give full opportunity for them to develop.

With the background provided by a reading of Pintner's book, one should take up the problems presented by the various authors who contribute to *Intelligence Tests and School Reorganization.* According to Terman, progressive educators are no longer interested in arguments as to the validity of mental measurements. "What next?" is now the question that causes deepest concern. The two to three million children who were examined in the year 1920-21 revealed individual differences of which it is essential that the school take account. Even after making every allowance that could possibly be demanded for the correction of test results, it is doubtful, according to this author, whether in the average school system more than 70 per cent of the pupils are given instruction as well suited to them as would be the instruction in a higher or a lower grade. To handle the problem of individual differences we may work out methods of individual instruction or we may form classes with children of nearly the same ability.

The other authors in this report consider the various ways by which this modification has been attempted. In the adjustment rooms of Los Angeles, described by Dr. Sutherland, we have a program worked out which is in some respects very much like the now famous Dalton plan. In these rooms the children do not sit in prim rows or in good order. They do most of the correcting and marking of their own papers, keep a record of their daily programs, and make graphs of their progress. On admission to these adjustment rooms, the actual level of development of a child is determined, and he is then shown how to select for each of his subjects the practice exercises appropriate for his stage of development. By this means a child proceeds step by step according as his ability enables him. Results in actual classroom work have been little short of amazing. Of the first 200 pupils enrolled, 5 per cent were returned to their own grade after a short trial; 2.5 per cent were recommended for special training because of low-grade intelligence; the remaining 92.5 per cent spent an average time of 13 weeks in the adjustment rooms, and the median rate of progress was 4.35 weeks' work covered each week.

The other values in these adjustment rooms are not less important. Frequent failures have been due to a lack of confidence on the part of the child and an inability to concentrate. On entering the room, a child lacks enthusiasm and purpose, but after a short period a modification in character is noted. The attitude of the children is illustrated by a report from one child who said: "Aw, gwan! Cut it out! I've only got three minutes till the bell rings and I've got to finish this Project!"

Franzen and Tupper take up the question of the relation of accomplishment and retardation to intelligence. The former deals with the method of comparing accomplishment with intelligence, and shows that the experiment at Garden City proves that when children are properly adjusted and properly taught, their school accomplishment corresponds very closely with their intelligence, and that general intelligence, which is rated by means of these mental measurements, indicates what progress a child should make in a particular school subject. Tupper states that intelligence examination showed that there was "practically no real retardation". The most backward children in the school were those who had the highest grade of intelligence, while those of low-grade ability were in classes in advance of their test age. Reclassification has decreased the range of ability in different groups. Special classes have been formed, but the aim is that every class should be a special class.

The concluding report by Fernald takes up the question of special disabilities in spelling, reading, and writing. There were 400 of the poor spellers, and the author reports that in all cases where the work was continued for a sufficiently long period the spelling was entirely corrected. Similar successful results in reading and writing are also described.

Dickson wrote one of the chapters in the previous book, but his discussion is much more elaborate in *Mental Tests and the Classroom Teacher*. He believes that the "importance of school systems is giving way to the importance of children" and in considering the individual child he presents data of variability in grade age, mental age, and grade progress. The chief factor in grade progress he believes to be the variability in intelligence. While in some cases it has been reported that less than 50 per cent of failures were due to low mentality, he believes it conclusively proven that the proportion due to this cause is much nearer 90 per cent.

The discussion of mental tests can be passed over lightly by one who has read Pintner on this subject, but Dickson's discussion of probable success in school work is one of great importance for all those interested in education. The relationship between school progress and test age is shown to be very close, the correlation with one experimental group being 72. In other experiments, covering a period of two years, it is shown that the percentage of retardation decreases as the I.Q. increases. These ratings are clearly shown to be a good indication of the general type of progress that may be expected of children. They must, however, be determined by the method of individual examination, at least for the early grades. In the higher grades the group test may profitably be used, but no result from a group examination should be taken as valid in considering the disposition of the individual child.

The use of various tests in the different divisions of the school is the subject of discussion in chapters 6-10. In each of these chapters the author shows what significance the tests have for the various groups and indicates what use may be made of the results. While written primarily for teachers, the book should be of great interest to many outside the teaching profession. While the author does not doubt the essential value of methods of measurement, the warning that he utters may be taken to heart by all of us:

"The greatest difficulty and the greatest danger come not from giving the test, but from the handling of results. A nurse may take and record the temperature, pulse, and blood pressure of a patient; she may know when any one of them is above or below normal, or when a danger point has been reached; but it is far more difficult to determine what ought or ought not to be done. For this there is need of a physician. Similarly a teacher may obtain a test result that indicates mental capacity above or below normal, but what should be done with respect to the child's placement or instruction is a matter that needs to be decided with greatest care. The teacher must realize that the mental test is not infallible; also, that there are many factors other than general intelligence to be considered in the education of a child."

DAVID MITCHELL.

New York Association of Consulting Psychologists.

THE CONQUEST OF SELF. By Louis E. Bisch. New York: Doubleday, Page, and Company, 1923. 326 p.

The Conquest of Self is another of the many books that attempt to tell us how to live. It has much to recommend it. One cannot expect a book on such a subject not to be full of platitudes; honesty must continue to be the best policy; right living is always platitudinous. One must expect quotations in plenty, but at least those chosen by Dr. Bisch are worth reading. It is a bit surprising that the Bible, which might be considered something of an authority, is not quoted so often as are the religious writings of the Hindus and the Chinese.

The book's strength lies in its educational doctrines, which are built upon the author's practical experience with children and a philosophy unobtrusively Freudian. The chapters that discuss the relations of teacher and parent to the growing boy and girl are excellent in their sympathetic understanding and practical advice. "To be insincere when instructing and guiding others over whom one has influence is in effect to be immoral." "An improving, advancing family is one in which the children as adults outstrip their parents." There is, incidentally, a eulogy of the nurses' training that is good to see. Throughout the exceedingly good chapters on how to excel as a mother and as a father runs the assumption that the parent is to serve as the lifelong model for his offspring's mate.

With the author's statement in mind that psychology is the science of self-mastery, it is interesting to read his chapter entitled *A Good Choice in a Marriage* and see how a psychologist would choose a mate. We learn that "love" is the one outstanding requisite. A man should choose a girl who is careful in money matters, unselfish, not easily bored, and fond of children.

A subject of special importance is the method recommended for avoiding mental illnesses. The author promises that a study of your mind will explain the intricacies of your conduct. If you have a handicap—over-sensitiveness, fears, depression of spirits—you must seek the cause in a review of your own life. Let your thoughts run along in ''free association'' in a quiet and secure place. When there come halts, examine the thoughts just before the halt for painful memories. ''If you are patient, you will ultimately find the provoking cause of the whole trouble, and with the finding and calm consideration of it, its power to trouble you will gradually disappear.'' The author gives illustrations to help you. Perhaps 25 per cent of your efforts at free association will not get a result; in such a case, go to a skilled analyst.

To avoid temperamental trouble, learn to make little decisions quickly, be pleasant, avoid self-pity and envy and daydreaming. Strike a balance between the ultra-conventional and the ultra-radical. Keep down the outside expressions of disturbing emotions and so diminish the bad internal effect. Develop an interest in other people and in hobbies. A last chapter is devoted to a very interesting group of quotations urging ethical and religious aims.

How can we know how many people need such a book? How adequate are the older ways of saying these things? Probably it is true that the general physician has not developed a method of dealing with mental handicaps—although his well-known ''intuitive knowledge'' may come into play at times—and that he and others may be helped by this book to see mental problems more clearly.

Earl D. Bond.

Pennsylvania Hospital, Philadelphia.

Our Fear Complexes. By Edward Huntington Williams and Ernest Bryant Hoag. Indianapolis: The Bobbs-Merrill Company, 1923. 306 p.

There is definite need for such books as this—books, that is, that have for their serious purpose the matter of correctly informing the public regarding questions of mental health. There is such a mass of misinformation afloat, emanating often from pseudo-scientific sources and subtly set forth for purposes of exploitation, that even the intelligent reader may be misled. In the preface to *Our Fear Complexes* the authors state their aim in writing the book to be ''to present their ideas on fear in relation to nervous disorders and character peculiarities . . . in a style not too difficult for any intelligent reader''.

They have endeavored to anticipate the patient's needs, and with their stress upon the importance of wholesome self-education as to fear problems, have on the whole succeeded in putting out a helpful and reliable book.

The book is divided into two parts. Part I is presented under the general title of *Everyday Fears*. Here the authors make an exhaustive tabulation, mentioning, among others, superstitious fears, fear of insomnia, fear of high places, little fears and worries, sex fears, fears related to ambition, and so forth. While this enumeration of varieties of fears will enable the non-medical reader to appreciate some of the innumerable aspects his fears may assume, it seems to us that the authors do not always emphasize sufficiently the underlying anxiety state that gives rise to these manifold expressions. Emphasis upon the more fundamental etiology would, of course, involve an analysis of fear symbolizations, and so forth, which the general reader would not understand and which would lead into the field of abnormal psychology, a province that it is evidently not the purpose of the authors to investigate in this treatise. However, the case cited of the individual who had to be anæsthetized in order to be brought down a mountain (page 34) because of his obsessive fear of the trail indicates a mental trauma too intricate and profound to yield to the simple therapy suggested by the authors. The inclusion of grave conditions along with those of simple character may tend to make the thoughtful reader question the soundness of the authors' position, which, generally speaking, is valid.

The authors bring out some excellent points in these chapters. Among other things, they emphasize the fact that "life is governed by emotions rather than intellect"; the part played by fatigue in the control of fears; and, later in the book, the intimate relationship between fears and ductless-gland anomalies.

Part I closes with a very brief chapter entitled *The Remedy*. Here the advice given as to the cure for these fears is easily understandable, aiming at restoration of confidence by suggesting explanations and by belittling the significance of such fears. The cultivation of a sense of humor is offered as efficacious therapy. Wisely, the authors advise, as elsewhere throughout the book, recourse to the family physician, or to the specialist, when the condition does not yield to the simple therapy placed at the patient's command.

Part II has as chapter headings: *Dreams, Fears, and the Modern Dream Doctor; From Freud to Coué; Fears Having a Sexual Basis; The Fears of Children; The Glands; The Habit of Fear; Cultivating National Courage.*

One grave flaw in the treatise is the fact that the work of Freud is not given due appreciation. In a book for the general reader it would be obviously a waste of time to go deeply into Freudian mechanisms; yet it is misleading to group Freud with a "host of philosophers who have made the same observations throughout the ages", or to dismiss the matter of symbolization in dreams with the assertion that there is no unanimity (presumably among Freudians) in the interpretation of symbols. Whatever may be the personal attitude of the authors toward Freud, this exposition is on the whole derogatory as regards Freudian conceptions. When they quote as authoritative Dunlap's statement that Freudianism is only a new and somewhat thinly disguised form of mysticism, one wonders if they themselves have grasped the significance of Freud's contribution to modern thought. Do they realize how much they owe to Freud for the terminology employed throughout this book—for its title, even?

The chapter *From Freud to Coué* deals at considerable length with cure by suggestion, hinting at the similarity of method in miraculous cures from the Greek oracle down. Here Freud is passed with little direct mention, but again the inference is misleading, to say the least, implying that the mechanism of the cure is identical in the hands of Freud, Mesmer, Eddy, and Coué. The authors give a detailed account of the methods of Coué that is clear and well worth reading. However, the chapter leaves the impression that the writers find Coué's philosophy a happy expression of their own ideas.

With regard to the endocrine, or ductless glands, they make a good survey of the general well-known physiologic actions of these glands. They present the subject with warrantable enthusiasm, and establish their position by rather full quotations from Crile, Cannon, and others. They specify the bearing of these glands upon the body and mind sufficiently to indicate the practical rôle each plays in the production of conduct and bodily health, suggesting interestingly the probable relationship between glandular mal-function and crime.

The Habit of Fear deals with the mechanism of habit formation. The value of early mastery of primitive fears, which in civilized life have lost their original usefulness and may have an exactly opposite effect, is pointed out. The importance of this chapter is not to be measured by its brevity. It touches upon one of the most significant things in life—the relation of fears to habit formation.

Under the heading *Cultivating National Courage* the book urges the necessity of general education in matters that have to do with heredity and its bearing on public welfare, dealing with a subject still open to controversy even among the geneticists and eugenists. However, any exposition that will stimulate interest in this subject, with a recognition of what we know to date, will show its results in wiser handling of the problems of criminality and feeblemindedness. The authors make a clear statement of just what is meant by the term birth control.

The discussion of the fears of children is well worth the attention of parents and teachers.

Pittsburgh, Pennsylvania. C. C. WHOLEY.

THE ACTION OF ALCOHOL ON MAN. By Ernest H. Starling, Foulerton Professor, University College, London; with essays by Robert Hutchison, M.D., Frederick W. Mott, M.D., and Raymond Pearl, Ph. D. New York: Longmans, Green, and Company, 1923. 291 p.

In this carefully planned and well-written book the author gives a summary of present-day knowledge relative to the action of alcohol on man. His personal view of prohibition is set forth in the preface in these words: "The abolition of all alcoholic beverages from among our midst, even if carried out by universal consent, would be a mistake and contrary to the permanent interest of the race. If it were enforced by legislation against the wishes and convictions of a large proportion of the members of the community, I believe it would be little short of a calamity." It might appear, therefore, that the attitude of the author would disqualify him for the task of writing a dispassionate treatise on this mooted subject. From careful examination of the book, however, it is evident that the work is that of a scientist rather than a propagandist. The results of experiments and investigation are set forth as accurately as possible, regardless of their possible effects for or against regulatory laws.

The opening chapter deals with the history, manufacture, and composition of fermented liquors. This is followed by a discussion of the fate of alcohol in the body and a general review of the nature of foods, drugs, and poisons. After laying this groundwork, the author proceeds with the principal theme of the book and sets forth in order the effects of alcohol on human behavior, on fatigue, on digestion, on the circulation of the blood, on respiration, and on the regulation of the body temperature. Separate chapters are devoted to the effects of the immoderate use of alcohol, and the influence of alcohol on the community.

The conclusions arrived at are summarized in the closing chapter. Briefly stated, they are:

Alcohol is a food, but for the normal individual its food value is not of importance.

Alcohol is injurious in its effects, either when taken in immoderate doses or when taken repeatedly in excess over a long period of time.

An occasional debauch is not as harmful as the continual soaking of quantities of alcohol just short of the degree necessary to produce evident intoxication.

The relaxation of tension resulting from the narcotic action of alcohol on the highest centers of the brain may be of value in promoting repose after toil, in freeing a man from the cares and worries of the day's business, and in enabling him to digest and assimilate his food and restore his powers by sleep better than he would have done in the absence of such aid.

Three chapters are added as appendices. The first of these is a brief and rather unsatisfactory essay on alcohol as a medicine, by Dr. Robert Hutchison. The second is a more comprehensive treatise on alcohol and its relations to problems in mental disorders, by Dr. Frederick W. Mott. The third is a statistical review of alcohol and mortality, by Raymond Pearl.

Dr. Hutchison regards alcohol as a valuable drug and commends its use as an aid to digestion, as a tonic, and as a sedative and hypnotic.

Dr. Mott sets forth some old and crude statistics relative to alcohol as a causative factor in mental disease, and after showing their unreliability, proceeds to base his conclusions on evidence even less substantial.

His descriptions of the pathological effects of alcohol on different individuals are interesting, but the article as a whole constitutes a very inadequate treatment of the subject.

Professor Pearl reviews the work of actuaries and statisticians relative to the effect of alcohol on mortality and submits the results of his own extensive investigations; he discusses the consumption of alcoholic beverages and tea and coffee in this country during the period from 1870 to 1918 and compares the rate of such consumption with the population living under state-wide prohibitory laws in the census years. He also includes a section on the evaluation of supposed influences upon the duration of life, and another section on the influence of alcohol upon duration of life in animals.

This study is interesting, but not convincing. In discussing the annual per capita consumption of alcoholic beverages from 1870 to 1918, Professor Pearl fails to take into account the marked changes that took place during that period in the use of home-made alcoholic beverages, such as cider, elderberry wine, and so forth. No statistical data exist concerning the extent of the use of these beverages in the several years and consequently adequate comparisons of consumption of all alcoholic beverages during the various parts of the period are impossible. Professor Pearl's conclusion ''that there has been no direct or causal relation between the consumption per head of alcoholic beverages and the existence of laws prohibiting such beverages'' seems unwarranted.

From his own investigations, Professor Pearl concludes that steady or heavy drinking shortens life, but that occasional or moderate drinking exerts no unfavorable influence on the length of life.

The book as a whole is worthy of careful reading, but it can hardly be used to sustain the opinions expressed by the author in the preface.

HORATIO M. POLLOCK.

New York State Hospital Commission.

SOCIAL WORK IN HOSPITALS; A CONTRIBUTION TO PROGRESSIVE MEDICINE. By Ida M. Cannon, R.N. New York: Russell Sage Foundation, 1923. 247 p.

This new edition of Miss Ida Cannon's well-known pioneer volume appears ten years after the original publication. A good deal of growth and development in hospital social work has taken place in that time, as the preface to the revised edition indicates. Hospitals that use organized social work have increased from about 100 in 1913 to about 400 in 1923; ''such work is now accepted as an essential part of a modern hospital''. Miss Cannon cites the survey made under the auspices of the American Hospital Association in 1920 in support of her statement that, while methods will be modified, ''the principle is not questioned''. ''Important functions have been defined and the principles of organization worked out through experience. Although . . . the necessity for specialized training has been recognized, adequate provision for such education has not yet been made.'' There is a tendency on the part of the medical profession to recognize the value of special attention to social elements in treatment of the sick on all financial levels, and it rests with hospital social workers to promote a more general application of their service.

The opening chapters on history and hospital background, always important, have, naturally, been but little changed. Miss Cannon has had unusual opportunities to know at firsthand most of the ''beginnings'' and thus her record is in the nature of a source book for future historians. The whole book is, however, brief and highly untechnical, and presents such arguments and such material as will be easily assimilated by a non-professional public. This is one of its greatest points of value. It is a good book to hand to the friend who inquires, ''Just what is this work you are doing?'' as well as to the young doctor who asks if there is anything in print on this subject of medical social work.

The chapters on ''medical-social problems'' are not intended to be exhaustive, but contain well-chosen illustrations and sound discussions of the types of cases commonly met in hospitals—involving communicable disease, lack of resources, mental and physical handicaps—with constant references to principles of social case treatment. A chapter is devoted to the groundwork of medical and social facts upon which treatment should be based, and one to the part that hospital social workers must play as one among many community agencies for service.

It is in the latter chapters that most new material has been introduced, particularly in relation to the future of hospital social work, in which connection Miss Cannon quotes surveys and studies recently made, and describes some of the developments of the past few years in the practice of medicine and in teaching. She predicts a fruitful field for medical-social research, in which but a small beginning has been made. We look for the 1933 edition to tell the world to what extent and in what manner this prognosis has been fulfilled and justified.

ANTOINETTE M. CANNON.

New York School of Social Work.

THE CHARITY ORGANIZATION MOVEMENT IN THE UNITED STATES: A STUDY IN AMERICAN PHILANTHROPY. By Frank Dekker Watson. New York: The Macmillan Company, 1922. 560 p.

Professor Watson has made a painstaking effort to secure material upon which to base his scholarly book on the study of the charity organization movement in the United States, using excellent source material (as shown by his footnotes and bibliography), studying the Charity Organization Society in operation both through personal visits and through correspondence, and digesting this material in the light of his own personal experience as chairman of a district conference of the Charity Organization Society in Philadelphia. His book is not one to be lightly picked up; on the contrary, it demands real concentration. But it will command the attention of every social worker in the case-working field because it shows how, step by step, the principles and practices of the case-work methods of to-day have been built up.

In the introductory chapter, the Charity Organization Society is seen to emerge during the nineteenth century—an age of two opposing forces, one of machinery and the other of humanitarianism, manifested in the effort to change the condition of the poor through understanding.

The second chapter gives a résumé of the contributions of European leaders to the constructive handling of problems of poverty. French influence is shown, first through the work of St. Vincent de Paul (1570-1660), who recognized that the giving of alms should include home visits to the poor, that begging should be discouraged, that there should be recognition of special classes (the sick, the aged, dependent children), and finally that trained visitors could best serve the poor; secondly, through the effort of Ozanam, the leader of a group of students who, meeting in the office of a Paris printer named Bailly (1823), to continue the work of St. Vincent de Paul, added to his concepts the principle that investigation was essential and that Paris should be districted, with a *conference in each district* to direct the effort of the friendly visitor and decide on the amount of relief to be given to each individual in need.

To German influence is traced the principle of *city districts* (Hamburg, 1711) with a central bureau to prevent overlapping; the concept of coöperation of church, police, and citizens (Münich, 1784); and the concept of *individualization* in treatment of the poor (Elberfeld, 1853).

In England the stand taken by Chalmers (Glasgow, 1821) toward public relief colored the thought of succeeding generations. While unable to swing the public opinion of his day to complete eradication of outdoor relief (public doles of clothing, food, or money disbursed by city or county officials to the poor in their own homes, as contrasted with indoor relief—*i.e.*, institutional care in an almshouse, etc.) he did succeed in putting through his plan of organized social effort without public relief for the poor in a limited area of Glasgow. His doctrine of the ''invisible relief fund of the poor which does not pauperize'' has had a broad influence. From 1796 to 1864 there was a growing consciousness of responsibility for the poor shown by leaders of the day—*e.g.*, Octavia Hill, Ruskin, and so forth—and in the interest taken by Oxford and Cambridge men. In 1869 the first C. O. S. was founded in London by C. S. Loch.

The C. O. S. movement abroad and in this country owes its origin to the constantly increasing number of beggars, and to a growing dissatisfaction with public relief and with the indiscriminate giving of doles on the part of charitably inclined individuals.

In the United States the movement toward constructive social betterment developed slowly, since pioneer conditions did not call for the same organized effort as the older civilization of Europe, with its concentration of population in large cities. The Reverend Tuckerman, of Boston (1834), was the first to see the relation between poverty, inadequate wages, and seasonal employment. He *originated the idea of a social-service exchange* which has proven to be the keystone of good case work. By 1842 the first A. I. C. P. (Association for Improving the Condition of the Poor) was organized in New York as a protest against the work done by some thirty-odd agencies which had sprung up to meet the emergencies of an exceedingly severe winter. Although the "A. I. C. P. movement became the predominant charitable development in America for the next thirty years", beginning with real vision, it was doomed, according to the author, to eventual failure, since it gradually abandoned its progressive principles and degenerated into a relief agency.

At this point the author drops the historical thread to develop the theme of the functions, principles, and methods of the C. O. S. A more logical sequence would be obtained by a regrouping of the chapters dealing with the historical development (chapters 1, 2, 3, 6, 7, 8, 9) and the chapters dealing with the theory and practices of the C. O. S. in operation (chapters 4, 5, 10, 11, 12, 13).

By 1883 there were twenty-five C. O. S. in the United States. In studying the history of these pioneer societies—the first in Germantown (1873), followed by others in Buffalo, Boston, Philadelphia, and New York—one is impressed by the courage of the social leaders in standing against the spread of public outdoor relief (one in ten persons in Brooklyn was receiving such aid in the winter of 1870) and also by the influence of one city upon another in developing standards of service, with slight variations, accounting for the differences in detail in the social practices of to-day. Relief was *never* to be given by the C. O. S. itself, but was to be secured through already existing channels, such as the church, employers, relatives, and charitable agencies. In this lies the *original* contribution to the movement—namely, the organizing of charity (called C. O. S.) to make help effective. The *modus operandi* was investigation, registration of cases, coöperation with the client, his relatives, and the social agency interested in him, and friendly visiting. But the mottoes of that day echo strangely to modern ears, with the New York C. O. S. saying, "United an army, divided a mob", and Boston, ever more intellectual, "Not alms, but a friend".

From 1883 to 1895 was a period of expansion from twenty-five to one hundred agencies, mostly north of the Mason-Dixon Line and east of the Mississippi, with emphasis laid on the organizing and educational aspects of the movement. The development was too rapid and therefore uneven, some agencies having high standards and some very low. The leaders found themselves handicapped by inability to secure adequate numbers of trained workers (there were no professional schools for social work) and by the necessity of swinging many specialized needs (housing reform, the anti-tuberculosis movement, child problems) and thus being kept from developing better case-work procedure.

During the period 1895 to 1904, emphasis came to be laid on the preventive aspects of the work. The subcommittees caring for specialized needs (housing, and the like) sloughed their activities, which were launched independently, leaving the C. O. S. to develop its own legitimate field. The first professional school for the training of social workers was organized in 1904 (New York School of Social Work). The famous inter-city transportation agreement was entered upon, solving the problem of "passing on" the ne'er-do-well from one community to another. From rigid adherence to the doctrine that no relief was to be given under any condition by the C. O. S., relief now became included in the budget of many organizations.

During the period 1905 to 1921, the C. O. S. movement spread through the South and West. This also was a period of the nationalization of the movement, expressing itself in 1911 in the formation of the American Association for Organized Family Social Work, with a field secretary whose mission was to develop standards of work and to organize C. O. S. in new communities, such an organization often proving to be the only modern social agency in a city. At the same time the Russell Sage Foundation opened its research department for C. O. S. work. As the newly organized specialized agencies developed (hospital social service, children's aid societies, probation work, psychiatric social work, and the like) they took over the case-work method, thereby enriching it by discovering the relation between poverty and disease, poverty and feeblemindedness, poverty and maladjustment of the individual. The Pittsburgh Survey (1907-1908) was made at this time largely through the inspiration of the C. O. S. movement. The professional attitude in social work expressed itself in the rapid growth of professional schools, but most revolutionary of all was the reversal of the attitude toward private and public outdoor relief as seen in the rapid enactment of widows' pension laws (1911-1921) in forty states, the assumption of public responsibility for relief as evidenced in the Iowa plan of combined public and private effort, and in the creation by the municipality of Los Angeles of the local C. O. S.

Of special interest are the pages devoted to the evolution of disaster relief in its relation to the C. O. S. movement. In 1842 the A. I. C. P. was launched to meet the needs of a severe winter. Later, in Cincinnati, Louisville, Lynn, and San Francisco, the C. O. S. was called upon to handle the emergency-relief problem. Like service was rendered during the periods of great industrial depressions of 1873, 1893, 1907, and 1914. In 1873 the post-war problems, combined with the failure of Jay Cook, swamped the country and the old method of personal doles to the poor collapsed. The first C. O. S. in the United States (Germantown) was organized at this time. In 1893, wherever the memories of 1873 held over, good work was done by the local C. O. S. (notably in Philadelphia) in preventing the growth of mushroom societies, but wherever the public, egged on by the press, did not understand the lessons taught by past emergencies, much duplication of effort and needless suffering resulted (as in New York City). Certain outstanding contributions in social thought were evolved, such as the need of a trained constituency in times of emergency, of an intelligent public opinion, including the press, and of the danger of using public funds for relief. By 1907 many communities had learned to centralize their effort in the C. O. S., and cities following this plan suffered less than those in which indiscriminate giving flourished. In 1914 mushroom societies were universally ''prevented'', and a national conference of C. O. S. executives in New York City paved the way for much constructive relief through municipal undertakings (roads, parkways, and so forth) for the employment of men thrown out of their jobs by the industrial upheaval following the outbreak of the war.

But to return to chapters 4 and 5, which are the *real meat of the book,* showing the functions, principles, and methods of C. O. S. work which are threefold: first and foremost, the rehabilitation of families that for any reason fail to be self-sufficient; second, the education of the community in correct principles of relief; and, third, aid in the elimination of the causes of poverty. This discussion will probably prove to be of more service to those who are initiated in the art and practice of case-work than to the student. The latter will find it invaluable, however, to supplement classroom discussions of the theory of social case-work, since as a reference book for the history and principles of case-work it ranks without equal. The author gives the aspects of the steps taken in case-work procedure and the philosophy underlying these steps, instead of following the usual method of showing processes in case treatment by the use of illustrative material (only one case is used). The historical approach is maintained throughout and is very helpful in showing *why* different stages of accepted case-work technique in operation to-day have been developed. There are several excellent charts, dealing with social case-work procedure and with coöperation with other agencies.

Certain constructive suggestions are well developed, such as the need of limiting intake in order to keep up standards in work and the scope and possibilities of volunteer service, the success of which is the barometer of the effectiveness, not only of the C. O. S., but in fact of all the social work in a community. The influence of the C. O. S. in a community through organizing central councils of social agencies —which have advanced the standards of social work and which in turn have developed into the dynamic force, ''financial federation''—is well presented.

Chapter 10 is devoted to the renaissance of case-work (1905-1921) which was made possible through the sloughing off of special interests that had engulfed the C. O. S. during the previous decade. Coöperation between agencies in the highest sense was often achieved, and the technique of case-work embodied the contributions made by the specialized agencies. Through the American Red Cross Home Service, reaching practically every nook and cranny of the land, case-work became popularized.

In chapter 11 tests for efficiency applicable to any C. O. S. are outlined in great detail and may possibly prove helpful to a student or a board member who comes to a local C. O. S. with a fresh point of view, as they indicate what should be looked for.

Chapter 12 is a masterly treatise devoted to prejudices and criticisms of the C. O. S. itself as well as of the lay public, showing reasons for the position that a local C. O. S. may hold through failure, by reason of overwork, inadequate relief, poorly trained workers, inactive directors, or a poor use of volunteers, to match up with the standards in operation to-day.

In chapter 13 an admirable summary of the philosophy of the C. O. S. movement is given, leaving with the reader the larger concepts of the movement.

Elsa Butler Grove.

Smith College School for Social Work.

Your Hidden Powers. By James Oppenheim. New York: Alfred A. Knopf, 1923. 249 p.

The author in his foreword says: ''During the several years I was a psychoanalyst, I was asked, by nearly every one who came to me, for a book on psychoanalysis which told what it was all about and was understandable, not merely to people already interested, but to people in general. There was no such book.''

The reviewer might close his review at this point with the statement that such a book as the author has described has still not been written. But this would be manifestly unfair to those who may benefit by the wisdom of the book and who might be deterred from reading it by such a statement.

The book is a compilation of articles which the author wrote for a "column" in a daily paper and represents an attempt to answer questions propounded by his readers. He has written in an easy, conversational manner, using the question-and-answer method and keeping always in mind the necessity for using simple language.

He holds out to inquirers the possibility of a promised land if they will only learn to know themselves. This has been done before in the popular New-Thought literature, but this author goes the necessary further step and tells his readers that this knowledge is to be obtained from psychoanalysis.

He then cautions against any but the best, and gives his concept of the qualifications of the analyst, which very rightly limits the practice of psychoanalysis to the chosen few. The reviewer agrees with the qualifications demanded, but would go one step further and add that the analyst should be a physician.

To return to the original criticism that an understandable book on psychoanalysis has not yet been written, it seems to the reviewer that the reason why the author has not written such a book is because it cannot be written. And it cannot be written for the same reason that one cannot explain algebra to the average ten-year-old child.

The author quite rightly realizes that to give his readers an understanding of what it is all about he must explain the theory of the unconscious. He gives Freud the credit for the discovery of the concept of the unconscious, and for the analytic approach, but considers his concepts too narrow and prefers the "collective unconscious" of Jung. The reviewer very much doubts whether the average reader without a philosophical and psychological background can possibly understand the analogies with which the author attempts to describe the unconscious.

This failure in no way reflects upon his literary ability. It is simply, as we have said, that he is attempting the impossible.

He reflects the philosophy of Jung in dividing people into types, and there is no doubt that the popularizing of this philosophy will be very welcome, for intimates of different types will now have an appreciation of the reason why they cannot understand each other.

The reviewer is doubtful, however, of the wisdom of putting before the public matters that are still in a hypothetical state, especially scientific matters of such deep significance as the workings of the mind. I am not at all sure that we can state definitely that the dream has a purpose, that the "collective unconscious" is the seat of all wisdom, and that all that one needs to do to get greater wisdom is to go down into the unconscious for it. Such effort may be fraught with considerable danger for some who may try it.

Running all through the book is the concept of the four types of humans. Every one who reads the book will be trying to make out the type to which he belongs and if he rightly understands the author, this can do much good.

Withal a very readable book which will have its greatest vogue among the thinking and intuitional types.

Loren B. T. Johnson.

Out-Patient Department, St. Elizabeths Hospital, Washington, D. C.

Physiotherapy Technic; A Manual of Applied Physics. By C. M. Sampson, M.D. St. Louis: C. V. Mosby Company, 1923. 443 p.

In his dedication the author states: "That the results secured by properly applied physiotherapy in the late war-reconstruction hospitals resulted in the conversion of thousands of physicians from a state of therapeutic pessimism to one of optimism cannot be denied and that a renaissance in therapy is now in full swing as a result is evident to any physician who attends the various medical meetings over the country." This would warrant his being classified, to use one of his own expressions, as a "therapeutic peptimist".

It is true that the problems that resulted from war conditions directed attention to the necessity for a more practical knowledge of the technique of physiotherapy on the part of men in the medical corps. One of the first questions that arose in regard to the equipment of the mental hospitals related to the installation of physiotherapy apparatus, and it eventually played a very important part in the treatment of psychoses and psychoneuroses.

Dr. Sampson very properly emphasizes the absolute necessity of proper technic in the therapeutic procedures advocated. He classifies these physical remedies as thermal, chemical, mechanical, and electronic. There are chapters on high frequency, diathermia, auto-condensation and non-vacuum electrode, the static modalities, and actinotherapy. He explains very thoroughly the technic of using the ultra-violet and X-rays, the galvanic, faradic, and sinusoidal currents. The book also covers massage and hydrotherapy. The application of physiotherapeutic treatment as applied to arthritis, locomotor ataxia, pyorrhea alveolaris, genito-urinary conditions, and hay fever is discussed in detail. The chapter on hydrotherapy includes a description of the whirlpool bath, the contrast bath, and the continuous bath. The subject of the continuous bath is covered in a paragraph of less than one-half of a page.

Unfortunately, there is very little in the book that has to do with the treatment of the psychoses or psychoneuroses, and for that reason it will not be of any special value to the psychiatrist, aside from affording him full instructions relating to technic, which are, of course, well worth while.

JAMES V. MAY.

Boston State Hospital.

HEALTH AND THE HUMAN SPIRIT; A BIOLOGICAL STUDY. By K. W. Monsarrat. New York: E. P. Dutton and Company, 1923. 132 p.

To catalogue and analyze the spiritual ills of mankind, to demolish various schools of philosophy, including James's pragmatism, and to outline a doctrine that will bring happiness and contentment to the individual and the world—and all within 132 short pages—is something of a task.

The author's text—though unacknowledged—is taken from the eighth chapter of the Gospel of St. John: "Ye shall know the truth and the truth shall make you free." These words of Christ are as true to-day as when first uttered, and may well be emphasized and elucidated. This little book would serve its purpose better, however, if the field plowed over were less extensive and the plowing deeper.

DONALD GREGG.

Channing Sanitarium, Wellesley, Mass.

THE NEW EDUCATION IN EUROPE. By Frederick William Roman. New York: E. P. Dutton and Company, 1923. 271 p.

If one takes seriously the title of this book and the publisher's announcement, one will be disappointed. It is not primarily an account of the new education in Europe. It describes, rather, the origins of the present educational systems of Great Britain, France, and Germany, concluding in each case with a brief survey of the existing situation. But it deals essentially with *systems* of education, not with the new spirit and philosophy in education. The philosophy of education that has come to a clear expression in all European countries since the war, and that is finding embodiment in new curricula, in new methods of teaching and discipline, and in radical experiments in administration, Dr. Roman barely mentions. Indeed, his plan of treating each of the three nations separately conceals rather than reveals this unity of purpose and endeavor.

He finds no occasion, in a book of 271 pages on the new education in Europe, to mention educational experiments in Russia, Holland, Sweden, Belgium, Switzerland, or the new democracies of eastern and central Europe, where, according to many observers, most significant movements are in their beginnings. He devotes 87 pages to Great

Britain, but takes only 6½ pages to mention, much as would any reference book, some of the experimental schools. He writes primarily as an educational anatomist, not as an educational physiologist, and in consequence what many are most anxious to learn regarding the new education he refers to only in passing or relegates to a footnote.

Nevertheless, if one succeeds in controlling one's disappointment and is willing to read the book with a different purpose—namely, to understand the developments of the educational systems of these three countries—one will find a remarkably well-organized discussion. Dr. Roman's account of the origins of the English public schools as primarily institutions for educating "poor scholars", their gradual passing into the control of the upper classes, and the determining function they exercise in the present scheme of education, is most enlightening. Likewise his discussion of the forces and opposing theories of education struggling for the control of education in the French schools is well worth reading.

The book more nearly approaches its professed purpose as it unfolds, and when the reader reaches Germany, he is given a very adequate account of the effects of the revolution upon German education: the new status of the teacher, the changes in the curricula and organization of the schools, and the radical departures from tradition in the experimental schools. Even here, however, the interests of the anatomist predominate over those of the physiologist or the psychologist. The book has yet to be written that will discuss adequately that new educational philosophy in Europe which has overrun national boundaries and is finding channels of expression through international organizations and periodicals, which is calling for a more intelligent understanding of children and the conditions of child growth, which looks to new curricula, new methods of educational practice, a wider extension of educational facilities, a reform of secondary education, an improved status of teachers, and a more democratic form of school administration.

V. T. THAYER.

Ethical Culture School, New York City.

AMERICAN NERVES AND THE SECRET OF SUGGESTION. By Anne Sturges Duryea. New York: The Century Company, 1923. 256 p.

"Awful" is the only word necessary to sum up this book, in the opinion of the reviewer. Considered by itself it really deserves no further characterization, but because it is so amazingly representative of a host of other effusions of the same kind, we feel some altruistic responsibility for hoisting a danger signal to warn prospective, and especially neurotic, readers.

American Nerves and the Secret of Suggestion is dedicated "To the Turtle on Its Back". To the reviewer, at least, its entire tone is a hash of maudlin sentimentality, psychologic arrogance, and maundering babble. It reeks with the claptrap and hokum of the "practical psychologist" and its wretched style is replete with his jargon. The author in a foreword warns that "this is an unpretentious volume written between times and almost casually". We can quite agree on this at least. Every page bears out this modest truth, but we cannot share in Mrs. Duryea's placid confidence that "nervous people may find it useful in securing a better understanding of their condition and their needs, for themselves as well as for their families and friends".

A few selections almost at random will illumine the author's attitude toward professional ethics and other matters. On page 39, under the caption *The Futile Appeal to Will,* is found the following: "Conditions under which an appeal to the will proves to be futile are illustrated by the case of a physically healthy, but mentally disturbed youth who for reasons of his own took to his bed and turned his face to the wall. A physician and nurse were in attendance. The physician said to the nurse: 'The patient is just as well able to come and see me as I to come and see him. Get him to come. Keep his coming as an objective before his mind. Mention it to him every day until he does it.' There was a psychologist on the case *using suggestion in its technical form addressed to the unconscious mind in the dissociated state.* [Italics ours.] The psychologist said to the nurse:

" 'As a matter of professional courtesy [sic!] I cannot countermand the physician's order; but the strong probability is that when the patient gets into action, he will not go to the doctor's office, and your urging it will perhaps delay his doing something else. Though he may not protest aloud when he refuses your appeal, he will silently register a protest in his mind which will strengthen the inner tendency already opposed to action.

" 'If I have success in the work I am trying to do, it will be by stimulating the natural impulse toward activity, though not by suggesting any particular course. It will be through the liberation of inhibited motor processes, the stimulation to old, familiar lines of action, and a spontaneous desire to return to normal life again.'

"After ten days the young man sat up in bed and said, 'I am going to the movies', a thing he had not done for two years. He did not go to the doctor's office or make any mention of doing so and he did go to the movies."

Of course poor old Coué must be dragged into the discussion, and Mrs. Duryea is especially anxious that our "shell-shocked" ex-service men be "Coué-ed" en masse. "The boys who came out of the war with mental confusion, reversed automatic action, introversion, extraversion, or any of the other forms of war neurosis . . . might have made or might still make use of a hundred Coués if they were at hand. . . . There is undoubtedly ample work for Coué and others if they could get access [God forbid!] to the multitude of boys who are slipping beyond help in various institutions because some psychologic technique of reversal and reintegration is not put into operation" (page 74).

The author condescends to pat on the back the work of psychiatric social workers during the war: "There was valuable work on the part of the fine body of women who in the department of psychiatric social service tabulated in detail, took careful histories, followed up, did special social work; but very much more than this was needed in the way of technical psychological attention which in the widespread confusion was somehow overlooked" (page 76).

From her hallowed heights of superior psychologic wisdom a consoling word or two is dropped for the lowly physician. We even find, on page 100, the generous confession that "sometimes the very best results come and come only from a balanced and coöperative effort between the physician and psychologist. The practical [sic!] psychologist has no impulse to endanger any one by denying him the use of medicine or surgery or electricity or osteopathy or massage or anything that might possibly help. That restriction is not within his province and the agency he utilizes is too deeply and radically a part of nature to be seriously interfered with by physical agents."

Under the caption *The Secret of Suggestion* we hoped to find at last what the title promised, but after six pages of bewildering digression we gave it up. As in all other books of this character, an alibi is established against criticism or charges of muddy thinking. Thus on page 148 the "practical psychologist" informs us that "any one may cavil at our forms of speech. It is difficult to express these things [the technique of strengthening the will] if one grows too matter-of-fact. We need to be fluid in our thought to accept the parable and grasp the meaning. . . . If we are overburdened with scientific skepticism, various living examples come to mind who would joyously give their testimony and say that the experience of a strengthened, balanced will is a reality, whatever vague forms of speech we are obliged to use in describing it."

The "Primal Rest" is a procedure much endorsed. We confess we don't quite know what it is, but it must be something rather potent for on page 159 we are told: "A previous morphine user, if not a habitué, in rousing herself from a short period of such Rest, exclaims as she gathers herself together with a look and manner of refreshment, 'Oh, it's so much better than morphine!' "

The book wanders on *ad nauseam* to a total of 256 pages. Competent and conservative psychologists and psychiatrists deplore the impression such a book as this gives to the public. If we are prone to complain that the man in the street fails to take seriously the hard-won knowledge of the psychopathologist, if we wonder why he scoffs and derides with tolerant amusement our efforts to bring about through mental hygiene a broader and more useful understanding of our mental mechanisms and motivations, the blame, to a serious degree, must be placed at the doors of such casual and misleading effusions as *American Nerves.*

George K. Pratt.

Massachusetts Society for Mental Hygiene.

Sex Worship and Symbolism. By Sanger Brown, II, M.D. Boston: Richard G. Badger, 1922. 149 p.

This is the second edition of Dr. Brown's book. The greater part of the first three chapters appeared in the *Journal of Abnormal Psychology.*

In the chapter on simple sex worship, Dr. Brown points out that "psychiatry, during recent years, has found it to its advantage to turn to related sciences and allied branches of study for the explanation of a number of the peculiar symptoms of abnormal mental states. Of these related studies none have been of greater value than those which throw light on the mental development of either the individual or race. In primitive races we discover a number of inherent motives which are of interest from the standpoint of mental evolution. These motives are expressed in a very interesting symbolism. It is the duty of the psychiatrist to see to what extent these primitive motives operate unconsciously in abnormal mental conditions and also to learn whether an insight into the symbolism of mental diseases may be gained through comparison by study of the symbolism of primitive races."

This book deals with the sex motive, with its accompanying symbolism. In the primitive races the group is the unit, and the individual has little, if any, personality distinct from the group. Such a state gave rise to group thoughts and feelings that found expression in the loftiest of sentiments and the most earnest of religious beliefs. These motives or beliefs were developed and elaborated in a way quite beyond the mental capacity of any one individual or community. The early myths are examples of this. A racial motive became an integral part of each and every member of the group, and in studying the evolution of these motives we are studying the evolution of the human mind. The feelings associated in primitive man with the instinct of reproduction were raised to the dignity of a religion and in this we have the worship of sex.

The author points out, by quotations from various ancient and more modern writings, that sex was at one time frankly and openly worshiped by the primitive races of mankind. He disagrees with those writers who claim that such worship was evidence of immorality and degradation, and points out that the ceremonies concerned with phallic worship were carried out with respect and solemnity. Reference also is made to sacred prostitution as a form of sex worship.

In the second chapter, on symbolism, attention is called to the fact that as civilization advanced, the deification of sex was no longer frank and open, but came to be carried on by means of symbolism, the use of which was due to an effort on the part of the originators to express the source of generative attributes under disguise; such symbolism was often understood only by the priests or those initiated into the religious mysteries. Sexual symbols can be found in most of the countries the early history of which is known to man. The generative organs were symbolized by objects of similar form or by some desirable quality of animal or vegetable life; the bull, snake, fish, fire and water, and the sun and moon were sexual symbols, worshiped with varying degrees of religious ceremony. Many of our present conventional symbols of art are very easily traced to ancient symbols of religion. It is pointed out by the author that ''while this symbol may indicate a high degree of mechanical skill and execution, it does not follow that it expresses either deep or complicated intellectual processes''. It is rather an indication of a comparatively simple intellect.

In the chapter on sun myths, mysteries, and decadent sex worship, the author points out that the most important myths, dramatically produced in the religious festivals, were sun myths and that the main object in the myths seems to have been to restore the lost God and permit his union with woman, a motive that was evidently of a sexual nature. In the early centuries of Christianity and in the Middle Ages, when the race had progressed from its primitive state and a simple conception of a deity failed to express all religious desires, while primitive phallic principles had lost their dynamic value, the symbolical sex worship and the mysteries ceased to exist as national institutions. They were continued, however, in secret through the formation of secret societies, in the rituals of which perversion and licentiousness became dominant. The author points out that such ceremonies showed evidence of decadence and regression to a lower level.

In the chapter on interpretations, the author indicates the significance from a biological standpoint in mental evolution of the elaborate rituals of sex worship. It is shown that, whereas a more primitive form of religious ceremony in connection with nature worship was enacted to increase the food supply, phallic ceremonies were an expression of the desire for human reproduction. "Where the increase of the food supply is the main motive, the entire development and symbolism centers about articles of food and since in the phallic rites an entirely analogous development and symbolism centers about the generative organs, it is only reasonable to infer that the phallic rites have to do with the desire for children. In this we have the meaning of sex worship. It is primitive man's expression of a desire for the perpetuation of the race and so it represents a biological necessity, the earlier motive being for the preservation of the individual." As mental development continues, the nutritive and reproductive motives cease to be all-absorbing. Higher desires force themselves into consciousness and earlier motives are no longer outwardly expressed. The form of the early motives is retained, however; usages, symbols, and practices that have long ceased to be dynamic and whose meaning is entirely forgotten are still observed. So we see evidence of primitive racial motives cropping up in all sorts of ways in later civilizations. The individual goes through a somewhat similar development. The child with his daydreaming is analogous to primitive man. The author points out interestingly that "probably the child, by entertaining the thoughts of his future life, is preparing himself to some extent for future life". The individual in his further development shows at times in his moods and mental attributes and actions remnants of feelings and forces that were dynamic in childhood, again showing the analogy of individual and racial development.

Finally it is pointed out that psychiatrists have recognized for a number of years that certain mental states appear to be reversions to more primitive types of reaction. Just as the reversion to primitive sex ceremonies was evidence of decadence in the Middle Ages, so reversion in the individual to a primitive reaction is evidence of an undesirable regression, and the adult who lives in childlike fancies is showing an unhealthy reaction. Such individual failures of adaptation frequently occur during the adolescent period, the individual failing to continue that development which is desirable for himself and which was necessary for the race. In abnormal mental regressive states the symbolism of primitive man is frequently observed and knowledge of racial symbolism is of value in understanding the individual symbolism.

Dr. Brown's book is a valuable contribution to psychiatry and should be particularly helpful in the interpretation of the acts and thoughts of those individuals who have regressed to a more primitive stage of individual and racial development.

CLARENCE O. CHENEY.

Utica State Hospital.

THE IMMIGRANT'S DAY IN COURT. By Kate Holladay Claghorn. New York: Harper and Brothers, 1923. 546 p.

During the war and after, there has been a demand for unquestioning loyalty on the part of the immigrant, for "100 per cent Americanism". We have expected as a matter of course that the stranger within our gates should love our country and her institutions. We have not stopped to remember that when we go abroad, our own attitude towards a particular country is largely determined by our experience there, and that most of us know comparatively little about the hardships of the foreigner in America. Is his experience with our institutions such as to create in him a love for them and a readiness to sacrifice in their behalf? The Carnegie Corporation has tried to find out, in a series of ten studies covering the major phases of immigrant life.

The volume entitled *The Immigrant's Day in Court* has been particularly successful in describing the immigrant as he comes in contact with our government and its legal machinery. The author, Kate Holladay Claghorn, Instructor in Social Research at the New York School of Social Work, has utilized available published material in addition to making an independent study of the legal machinery in our Eastern and Middle-Western states as it affects the immigrant.

The result is an accumulation of data and case records which show clearly why so many foreigners fail to love our country or her institutions. The America they have seen is unlovely.

The problem resolves itself into governmental agencies unadapted and unresponsive to the needs of foreigners and immigrants, who are grossly ignorant of our customs, our language, our institutions, and who come very largely out of a background of poverty, autocracy, and superstition.

At the outset we are shown in detail the troubles of the immigrant in relation to his money, in getting it and in keeping it. The scores of ways in which he is defrauded are described. The cumulation of evidence in this chapter leaves one with perhaps a blacker picture than is true for the average. For the author has not attempted to give us even a vague inkling of the proportion of foreigners who are so victimized, and this might alter the picture somewhat.

We are next introduced to the home troubles of the foreigner, mostly brought about by his abnormal sex life away from his native hearth and friends.

How misleading are the statistics that purport to prove the high ratio of crime among the foreign born is clearly pointed out. Taking into account considerations of sex and age, the criminal records show them no worse than the native born; this in spite of the fact that the environmental forces are, to them, more unfavorable and the recourse to law more difficult. For instance, the following case illustrates the dire consequences of a lack of understanding on the part of the American police. "A Pole, deserted by his wife, who had gone to live with another man, made three successive visits to the police station to inquire what he could do in the matter. The police gave him no satisfaction at any visit, and, in despair of getting his wrong redressed in any legal way, he took the matter into his own hands and shot his wife and her lover."

We are led through the maze of corruption and trickery that surround the immigrant as he approaches the courts. Politics are shown to be extremely influential with judges. The foreigner from his experience is led to feel that the judges and district attorneys are unsocial in their viewpoint and unfair to him. One says, "In the eyes of the judges all the foreign born are liars." The reader is made to realize how much the human peculiarities of the judge enter into his decisions. For example, in an accident case, one judge refused to hear the testimony until the foreigner who had been hurt should learn English.

Perhaps one of the most valuable chapters in the book is that which depicts the foreign workman who is brought into court as a result of labor conflict. Here is a relatively uncharted legal field, bristling with technicalities and moot questions. The attitude and practice of one judge is totally at variance with that of another, and the immigrant feels that he is not getting justice. Many judges are shown to be afflicted with a definite class bias in lawsuits between capital and labor. For example, the attorney for certain employers engaged in strike litigation admitted quite frankly "that decisions in strike cases were influenced by the prejudice of the court". A strong illustration of this is cited in Cincinnati, where Judge Bell ruled that there was no clothing strike because the Amalgamated Clothing Workers are not members of the American Federation of Labor. In the strike at Lawrence, Massachusetts, the local court appears to have been particularly biased, for the majority of all labor cases which were appealed to a higher court were either reversed or dropped by the district attorney.

Probably the least satisfactory chapter is that which details ''special provisions of law relating to the aliens''. The treatment is extremely brief and many important discriminatory laws are not mentioned.

As a result of the war, America suffered from a red hysteria which culminated in the arrest of over five thousand ''red'' foreigners and the deportations of 1919–1920. Perhaps the best and most authentic treatment of this phase of public policy and its effect on the immigrant is found in Miss Claghorn's book. It is a record that should make every honest American ashamed.

In the final chapter, the work of the various agencies that give legal aid to the immigrant are briefly described. The shortcomings of the legal-aid societies are well outlined. It seems especially unfortunate that almost all of them fear to avail themselves of publicity, because they lack the funds to handle the cases that would arise as a result of it. The consequence is that thousands of foreigners are ignorant even of the fact that such potential help is available.

Throughout the book, the author has attempted to picture actual conditions rather than to outline constructive changes. This tends to make more vivid the realization of what is really happening to-day. One is forced to the conclusion that in so far as the operation of the law affects the immigrant, our American judicial machinery is woefully inadequate. It also seems apparent that by far the greater number of real Bolsheviks, if there are such in America, have been created here, the product of our own carelessness, indifference, and selfishness.

No review of the book can do it complete justice. It is a veritable storehouse of case histories which shed light not only on the actualities of our American democracy, but on the powerful influence of the economic and social environment on the individual. No one who wishes to be fully informed about the life of the immigrant in America can afford to neglect it.

JEROME DAVIS.

Dartmouth College.

STUTTERING, LISPING, AND CORRECTION OF THE SPEECH OF THE DEAF. By E. W. Scripture, M.D., Ph.D. New York: The Macmillan Company, 1923. 290 p.

This second edition of Dr. Scripture's book is somewhat of a disappointment. Those of us interested in speech disorders had hoped that he would embody in this new edition some of his latest researches concerning stuttering and cognate speech disorders. The second edition, however, is a word-for-word and page-for-page reprint of the first edition published in 1912, with the addition of Part IV, which concerns itself with new methods of speech training for the deaf. The reprinted part is divided into three parts: Part I is devoted to stuttering, and includes five chapters: *Description and Cause of Stuttering; Symptoms, Forms, and Nature; Diagnosis; Therapy;* and *Methods of Treatment.* This part covers 74 pages and consists of a brief and necessarily superficial discussion of some of the factors concerned in stuttering.

Part II deals with lisping, and also contains five chapters, one introductory, and the other four discussions of (1) negligent lisping, (2) organic lisping, (3) neurotic lisping, and (4) cluttering.

Part III is concerned with exercises. Dr. Scripture includes eighteen exercises which he uses along with other measures for the treatment of stuttering. These exercises are helpful to the teacher and physician. The principles involved in them are used by most of those who treat patients suffering from speech disorders. These exercises have to do with the following:

Breathing
Melody
Flexibility
Slowness
Smoothness
Voice quality
Starting and ending sentences
Enunciation and spelling
Expression
Confidence
Spontaneous speech
Thinking
Description and relation
Telephoning
Talking with people
Relaxation
Muscular control
Word lists

The new part of the second edition consists of the description of a machine, the strobilion, which is designed to help the deaf develop normal speech. Another apparatus for the same purpose is the organ trainer. This is similar to a machine used in physics laboratories. A person speaks or sings into a mouthpiece, and by means of a flexible diaphragm gas is made to issue in waves and the flame thus repeats the vibrations of the voice. When the flame is observed in a revolving mirror, the vibrations can be seen separately. The organ trainer consists of two flame boxes placed close together. One of these is connected with an organ in such a way that the vibrations of the reeds are communicated to the flame. The person sings into the other box, and when the mirror is turned, two bands of vibrations are seen. It is easy to make the deaf child understand that his vibrations must match the organ vibrations. In this way the pitch of the voice of the deaf child can be trained. The strobilion and the organ trainer are, I understand from teachers of the deaf, of great value in teaching normal speech to the deaf.

In the preface to his second edition, Scripture states that "stuttering is not a defect of the nervous mechanism of speech", and that its characteristics are not difficulties of articulation: "Stuttering is a disease of the mind; not a defect of the body." He also says: "Comparison of stutterers with persons having other mental peculiarities shows that the trouble is connected with the emotions. *It is a psychoneurosis whose essential is the unconscious desire to avoid human society, and whose mechanism consists in using ridiculous speech as a means of obtaining the desired isolation.*" This is undoubtedly true and is the essential fact with regard to stuttering. To put it another way, the stutterer is unable to adjust himself to social situations which require speech.

Dr. Scripture points out that he uses the various exercises only as a means to restore confidence. He emphasizes the fact that mechanical or ignorantly performed exercises are injurious. The exercises, he points out, must always derive much of their efficacy from the personality of the teacher. He says: "Great successes can often be achieved by the exercises alone, used in proper surroundings by a particular teacher." It is true that the symptom of stuttering can often be relieved by such methods, but it is doubtful whether the successes so attained really influence and modify profoundly the personality of the patient.

Dr. Scripture states that he formerly used the Freudian form of psychoanalysis in combination with treatment by exercises and change of surroundings. He says: "Recently I have adopted certain modifications and somewhat improved methods of analysis, by which it is possible to get more quickly at the stuttering complex." It is to be regretted that he did not include a discussion of his improved methods in this new edition. Finally he makes the statement: "Psychoanalysis without exercises is useless for stuttering." This has not been our experience. Fully one-quarter of the cases that we have treated have been entirely cured through mental analysis (we reserve the word "psychoanalysis" for those who use the Freudian technique exclusively) without any exercises at all.

To those teachers and physicians who have not read the first edition, this second edition is to be recommended. Teachers of the deaf will be especially interested in Part IV.

SMILEY BLANTON.

University of Wisconsin.

Hypnotism and Suggestion. By Louis Satow. Translated by Bernard Miall. New York: Dodd, Mead and Company, 1923. 290 p.

The average reader nowadays is not likely to be attracted by a book on hypnotism and suggestion. The subject has been so extensively explored that the title conveys no new thought; one wonders why the public is asked to read another book on this question. The answer, in the case of the present volume, is to be found in the last five chapters, in which Dr. Satow outlines his views on religion, politics, monarchism, militarism, and war. In short, he tells what is wrong with the world and suggests a remedy.

The history of hypnotism and suggestion is very concisely outlined up to and including Coué. Considerable space is devoted to technic; the reader is not left floundering about with broad principles and generalities—he is told how to hypnotize. Some of the therapeutic claims of hypnotism appear a bit extravagant, but no more so, perhaps, than the claims made by the older writers. The exponents of psychoanalytic therapy will choke a bit on the author's theory of dreams—to wit: "Because many parts of the brain are asleep or because the parts by which they would otherwise be connected with the waking portions are obstructed, dreams appear distorted, confused, illogical, and inconsequential."

The author traces in a most interesting way the mass suggestion underlying the various psychic epidemics, both religious and otherwise—the Crusades, the dancing mania, the flagellation mania, witchcraft, religious revival meets, and the like. Here the theologians will be shocked to read that "Jesus was a wandering psychotherapeutist of the purest water, who was skilled in the thoroughly perfected art of producing the results of intensive suggestion in the individual no less than in the crowd". But an even bolder stroke is to be found in the concluding paragraph of the book: "It is, to be sure, a difficult task to free mankind from superstition, ignorance, and internal servility. But there is one excellent method—the complete and final renunciation of all belief in another world and the training of mankind from youth upwards in an atmosphere of free, unprejudiced, critical, scientific thought."

It appears, then, that what is wrong with the world is, in a word, suggestion and that the cure lies in independent thinking. Whatever of truth man has acquired, he has gained from independent, unprejudiced thinking, but not without sharp disagreement and bitter strife. Every step has been hotly contested. When, if ever, ultimate truth is gained, there will be agreement, and war will be impossible. This sounds a bit utopian—indeed, the possibilities for universal peace by this method seem so far off that it is doubtful whether Mr. Bok would consider it a practical plan.

The author has magnified the possibilities of suggestion for good or bad to a degree that is almost alarming. All the same one cannot help feeling that his premises are sound. The book is an interesting and valuable contribution.

HARRY N. KERNS.

Medical Department, U. S. Military Academy, West Point.

SOCIAL PSYCHOLOGY. By Robert H. Gault, Ph.D. New York: Henry Holt and Company, 1923. 336 p.

Enthusiasm in science may easily give the impression of dogmatism. The author of *Social Psychology* recognizes this and in his opening sentence tells us that it is most important that students of psychology maintain an open, interrogative mind. The book throughout stresses the fact that psychology is still developing and in spite of its popularity and present utility is as yet in no position to pronounce final judgment upon most of the fascinating subjects it now treats. The book impresses the reader with its tolerance and its catholic attitude. It shows familiarity and sympathy with the so-called new psychology without disclosing in any degree the zeal of the missionary. As one would expect, the book also reveals the author's great interest in criminology. It furnishes the general reader a discriminating entrance into social psychology.

Social psychology is defined as a study of the "reactions of members of the human race one to another". It is social behavior, conscious or unconscious, for the purpose of adjusting the organism to its whole environment, psychic and physical. Social behavior is instinctive, but is not a collection of instincts. The basic instinctive material is woven into a complex web of habits. These habits are shaped by the social influences, and this makes possible the unity without which society cannot exist. When this instinctive or impulsive groundwork of a personality is stunted or warped or associated with lack of capacity, we have a defective individual who cannot reasonably adjust. These failures of social assimilation and interaction concern the social psychologist. The science must give attention to all differences that affect social unity, whether due to variations in intelligence, racial characteristics, or class experiences. Following this program, the author applies psychological analysis to a variety of the practical problems of everyday life. Keeping close to practical interests, Professor Gault analyzes in their relation to group unity and social welfare such problems as differing intellectual levels and psychic stability of the population, the racial factor, suggestion and suggestibility, the crowd, convention, custom, morals, social progress, potentiality for the development of civilization.

The book overflows with sane comments that enthusiasts and propagandists, with their love of overstatement, need to heed. Professor Gault's discussion of the social value of the intelligence level (pp. 76-78) is one such. Another is his treatment of heredity and the uncertainty of eugenic determination (pp. 80-83).

The author takes his place among the optimists: "Let there be but increased motivation and, with our knowledge of human nature as it is, we can enormously increase the quantity and quality of our output even in the face of unaccustomed complexities." He does not blink, however, at the serious obstacles that at present hamper: "The very hub of social progress, then, is a growing psychic background of such a quality that the people who possess it are growing daily more and more capable of mutual understanding and coöperation, and more and more inclined thereto. Practically, we may be permitted to say that social progress is the increasing occurrence amongst the personnel of a community of sympathetic coöperation toward a common goal. This is equivalent to the statement that social progress is always a slow, gradual process. There are accelerations and retardations, as in all processes of growth and decay, but these are never sensationally abrupt like a flash from the clear sky. The great political campaign, the stirring religious revival, the war craze sweeping the land, are not progress, but ripples upon the surface of the great silent current of progress or reaction in every normal personality, occasioned by a leader's or agitator's interference with its accustomed course."

Ernest R. Groves.

Boston University.

Remembering and Forgetting. By T. H. Pear, M.A., B.Sc. New York: E. P. Dutton and Company, 1922. 242 p.

It is no easy task for a scholar to present scientific material to the "general public" in a popular style. Especially is this true when the results of scientific investigation are still in the controversial state, so that the author, if he be honest, must show both or several sides of the story. The "general public" would prefer to wait until the scientists have threshed out among themselves the difficulties and formulated some didactic phrase that could be easily understood and applied to any and every situation. If one is looking for catch words and Couéisms in this little volume on remembering and forgetting, one will be sorely disappointed.

Professor Pear states that the interest of the general reader is to be kept in mind throughout the book, and certainly in the first chapter the style and treatment of the matter is well adapted to that purpose. The author is original and delightful in the many illustrations and analogies that he uses to make clear his various points, nor does he at any time sacrifice scientific fact to the temptation to fanciful elaboration. But the feat of popular writing combined with careful scientific thinking cannot long be sustained, and after the first chapter he gradually loses sight of the general reader, and especially in his discussion of imagery and his allusions to the famous ''imageless thought'' controversy, it is necessary to be fairly familiar with recent literature on the subject to follow him intelligently.

Psychologists, glancing at the title of the book, will wonder where the author stands, what is his method of approach, and whether or not he has anything new to offer on a subject that has for so many years been one of the richest fields for experimental research. In answering these questions one might say in the first place that the author is attempting to straddle two fences, both of which have hitherto displayed rather prominent ''no trespassing'' signs. These two fields are behaviorism and psychoanalysis. The middle term that serves as a bridge may be said to be the ''image''. The image is the meaningful side of the physiological or neurological stimulus-response reaction.

In regard to method of approach, the author examines introspective psychology, which concerns itself with the function of imagery, and objective experimental methods, such as those used by Ebbinghaus and others interested in studying memory in a quantitative way. He finds the psychological approach inadequate, since the factors of frequency, recency, and intensity do not explain the ability to recall seemingly insignificant details. He examines the experimental work of Rivers and Head, discussing particularly the latter's idea of fusion. He finally classifies material which is forgotten into the three following categories:

1. Embodied. (The meaning of this term is not quite clear, but approaches ''fused'' as a synonym.) Two types of experiences are ''embodied'': (a) those that are apparently insignificant, (b) those that are significant, but completely congruous with the personality.
2. Exiled. Forcibly barred.
3. Superseded. ''Retired.'' (''Our own dead selves.'')

In the chapters on dreams, he again approaches the style of the popular writer. He sets forth particularly the views of Freud and Rivers, with a detailed analysis of one of his own dreams, which shows that in this field, too, he is attempting to take the middle road. Nothing new is brought out here, but the material is well presented and makes interesting and instructive reading.

The last four chapters of the book—*Synæsthesia, Number-Forms, The Respectability of Muscular Skill,* and *The Significance of Experiments* (a description of Head's experiments on nerve division and posture perception)—are in the form of an appendix, since they do not relate directly to the general theme or to each other from the point of view of continuity or development. The chapter on the respectability of muscular skill is particularly interesting. The author makes a plea for the acceptance in the family of the "intelligentia" of those "motile" individuals who interpret life through movement of muscles, joints, and tendons rather than through the organs of seeing and hearing. Kinæsthetic imagery is part of intelligence as well as visual or auditory. The case of Helen Keller is cited as an apt example.

On the whole, the book is very readable. Psychologists will wince at a few significant oversights, the general reader will at times find himself wandering in a forest whose trees are scientific terms, but certainly all will agree that it is an honest attempt to bring before the public some of the many factors involved in the complex processes of remembering and forgetting.

SADIE MYERS SHELLOW.

Smith College School for Social Work.

DIAGNOSIS AND TREATMENT OF YOUNG SCHOOL FAILURES. By Helen Thompson Woolley and Elizabeth Ferris. Washington: Government Printing Office, 1923. 115 p. (Bureau of Education Bulletin, 1923, No. 1.)

The psychologist who is constantly called upon to diagnose and map out a plan for treatment in the case of the child who is failing in school, and the teacher who undertakes to carry out the suggestions in a classroom for special work, should both read this excellent monograph. It contains reports of sixteen cases that were given medical and psychological diagnoses at an early age and placed in a special class in the Cincinnati school system. The difficulties under which the work was carried out and the interesting results obtained in spite of obstacles will offer encouragement to others who are encountering similar difficulties in the study and treatment of atypical children in the usually overcrowded public-school system.

Although handicapped by insufficient social service for making thorough home studies or undertaking family case-work, some knowledge of the home background of the children was obtained by the one social worker and the class teacher. The medical and psychological study was adequate, and fears, repressions, conflicts, and the like, were taken into account, as well as mental age and I. Q. Miss Ferris' account of the methods of teaching employed offers a valuable supplement to the case studies.

PHYLLIS BLANCHARD.

Child Guidance Clinic No. 1, The National Committee for Mental Hygiene.

THE MECHANISM OF LIFE; IN RELATION TO MODERN PHYSICAL THEORY. By James Johnstone. New York: Longmans, Green, and Company, 1921. 248 p.

This is an excellent little book, dealing with a great many of the fundamental conceptions of life. Much of it is very clearly and simply written and can be easily understood by the average lay reader. Other parts, however, presuppose a considerable knowledge of physics, chemistry, biology, and mathematics. A great many apparently diverse topics are covered, ranging all the way from some of the simple conceptions of physics to some of the most obscure conceptions of metaphysics.

In general, the book may be said to deal with the physical organization of living beings, the production of energy, some nervous physiology, and some psychology.

Chapter VIII, the analysis of behavior, is a particularly stimulating chapter to the psychiatrist. Certain conceptions are brought out in regard to mental disease and the evolution of behavior. The author discusses the fact that "both in decerebrate dogs and cats painful stimulation elicited expressions of anger, but no caressing could invoke any indication of pleasure or affection", and there was apparently no dreaming. This is explained on the basis that altruistic feelings are the result of the herd instinct and are to be "interpreted as inhibitions or checks upon the natural predatory and highly individualistic modes of behavior". According to the author, "a study of social evolution and of mass psychology impels one to the conclusion that what we recognize as 'good' is mostly the inhibition of what we may call the lower animal instincts that are in us".

There is but little to criticize unfavorably in this book. However, the chapter on brain and nerve speaks of ten pairs of cranial nerves, although the illustrations show twelve.

On the whole, the book is to be recommended to all those interested in a study of life and behavior.

KARL M. BOWMAN.

Boston Psychopathic Hospital.

CHARACTER AND THE UNCONSCIOUS: A CRITICAL EXPOSITION OF THE PSYCHOLOGY OF FREUD AND OF JUNG. By J. H. Van der Hoop. Authorized Translation by Elizabeth Trevelyan. New York: Harcourt, Brace, and Company, 1923. 223 p.

This volume of the International Library of Psychology, Philosophy, and Scientific Method surveys the principles of Freud and of Jung with much better balance than do most of the popular books on psychoanalysis. Van der Hoop, who writes as the result of nine years' study of psychoanalysis, points out how amateurishness in the application of psychoanalytic principles may easily cause very serious mistakes. In *Character and the Unconscious* he has not given a detailed description of psychoanalytical technique or of the sources of the various neuroses. The origins of psychoanalysis, the unconscious in the normal mind, and the development of the emotions are considered in the first three chapters. The three remaining sections are devoted to the analytic and the synthetic points of view, psychological types, and the relation between the conscious and the unconscious.

The origin of hysteria the author describes as a conflict of vitally important impulses which results in the repression of the one among them concerned with sex, using the term in its widest sense. He adds that it would be foolish to attempt the cure of patients of this type by providing them with direct sexual satisfaction, because of the complexity of their emotional life.

The determining factors of a neurosis due to repression are set forth as, first, a difficult and inharmonious disposition and, second, a tendency to repress too much due to a mistaken ideal. A high ideal may, however, provide a great support in a person's development, provided the ideal is in sufficient harmony with the individual's disposition and potentialities.

Brief consideration is given to the mechanism of forgetting, to slips of the tongue and pen, and to dreams. There is a sketch of Freud's work on the origin of the emotions. Development is depicted as adaptation to the lack of freedom that exists in the world.

The book is intelligible until the divergence in the theories of Freud and Jung is reached under the heading *The Analytic and the Synthetic Points of View,* when mysticism becomes prominent. Freud, a determinist, considers that environment is the chief formative influence in the growth of the human mind, although inherited characteristics may modify the process. Van der Hoop, who accepts Jung's creative indeterminism, on the other hand, concludes: "We are led to believe that life possesses some inherent force which, notwithstanding all the varying influences of surrounding circumstances, follows its own principle of development, and makes use of circumstances only in so far as they can be made to agree with this principle.'' Jung and others of the Zürich school pay special attention to the sublimating process and emphasize synthesis rather than analysis. Scientists in general, Van der Hoop admits, will feel inclined to hold the determinist theory rather than the idea of an intervening, independent, creative force.

The basis for Jung's psychological types is the academic psychology—which presents mind as an entity divisible into various functions—as distinguished from dynamic psychology and, of course, from behaviorism. The academic background for Jung's types is well depicted in the definition of sensation as ''the psychic function that draws the perceptions into the conscious mind . . . an element in the mental image''.

Persons are grouped as introverts or extraverts according to their predominant mental attitude and are then designated by the name of one of four primary functions. The two irrational or empirical functions are sensation and intuition, which provide the material for the psychic event, and the two rational functions are thinking and feeling, which sort and organize the conscious material of the mind. The description of the characteristics of the persons of the eight types are comprehensible and interesting. It is understood that there are no clear lines of demarcation between the types. May this understanding continue and individuals be considered as variants!

The relation between the conscious and the unconscious is set forth in terminology that is not clear to an experimental determinist. There is an important concept that all one's past experiences may influence the present, although one may be unconscious of the motivation.

The book merits circulation as an elementary exposition of the psychology of Freud and of Jung.

ARCHIBALD S. DEAN.

The National Committee for Mental Hygiene.

MIND IN ACTION; A STUDY OF HUMAN INTERESTS. By George H. Green. London: University of London Press, 1923. 166 p.

This little book is another addition to that rapidly growing group of works which has been placed on the market during the last few years with the aim of helping the laity to an understanding of the psychology of everyday life and of the vaguer problems of abnormal psychology as manifested in nervous and mental ailments.

The author states that the incentive for writing this volume was the popular approval and interest shown in a lecture that he gave to a group of publicity men and laymen on the subject of advertising. In the lecture he made use of his knowledge of the principles of genetic psychology, as developed by Professor Freud and his confrères, to demonstrate the dynamic power of human interests.

Successful advertising, he explains, brings compensating results solely because the methods employed appeal to something in each individual that formerly was dormant, but that, when aroused, manifests itself by desire and craving directed toward the attainment of the advertised article. He demonstrates that this interest is nothing new—is not something that has been created—but that it is a force, which, when stimulated and directed toward a certain desired goal, is a powerful element in successful business. In this manner he lays the foundation for an understanding of the properties of the unconscious mind, which contains other powerful forces analogous to human interests. In a very admirable manner, in one chapter, he discusses the primitive instincts as these dynamic forces, and the incidents in each individual's life and environment as the stimulating media which act, as do advertising media, to furnish opportunities for the outlet of these forces in cravings and desires.

The new psychology, as handled by writers of similar works, has created unwarranted antagonism in many minds, and morbid curiosity in many others, because of the prominence given to the sexual instinct as the main driving force that motivates all human conduct. This author finds it unnecessary to give this instinct such prominence; in fact, he is able to develop all of his theories with only a casual reference to it. In spite of this fact it would appear that the most ardent Freudian student will find very little material in the work that he can criticize.

That the purpose of the book is a very comprehensive one may be judged by a glance at the index of chapters which contains, beside the material outlined above, a preface and an epilogue and chapters on the place of reason, suggestion, auto-suggestion, daydreaming, the outcropping of interest, bias, dreams, memory, forgetting, repression, personality, fears, symbols, and identification and projection. It is readily apparent that the scope of the work is too great to allow more than a few pages to the discussion of any one topic. If there is any criticism to be made, it is of this conciseness; the paragraphic type of writing tends to become very tiresome.

Directed as the book is to the average reader—written in simple, understandable language, with no scientific phraseology—it makes a very commendable primer for the beginner in this line of study; also to those who are interested in the motives of human conduct and allied social problems. A more advanced reader will find nothing new in it, but will readily appreciate it as a statement of the elementary principles of psychology viewed from a slightly different angle.

Morris Plains State Hospital, New Jersey. ARTHUR G. LANE.

THE PSYCHOLOGY OF MISCONDUCT, VICE, AND CRIME. By Bernard Hollander, M.D. New York: The Macmillan Company, 1923. 220 p.

This book is not worth reviewing, and would not be worth mention at all were it not for the fact that the author has previously demonstrated his ability in that strangely labeled, two-volume encyclopedia, *In Search of the Soul* (to which he refers many, many times in this small book). It is surprising that so discreet and judicious a publishing company as Macmillan should publish so fatuous and sterile a book on so timely a subject.

The following is typical and needs no comment: ''But since there is no definite knowledge of the 'mental' functions of the brain . . . and since there is no agreement whether one can tell the size and shape of the brain by the size and shape of the head, there is no information available as to what constitutes a good or bad head, except that supplied by phrenology . . .''

The author goes on to say that phrenology has long been considered dead by scientists, but that this opinion is based upon popular rather than scientific observations, referring in the latter category to an article he relies upon in the *Encyclepedia Britannica.* Then he says that he has seen ''many children adopted by good people and brought up with the utmost care who have turned out bad in later years. They had abnormal types of head. And the moral I want to draw is that no child should be adopted without a strict medico-psychological examination.''

What possible connection there is between these three sentences, I leave to the ingenuity of my readers.

The book is full of erroneous theories and erroneous emphases. There is much talk of curing, and of head injuries as the cause of crime. Excellent, although already well-established, points are made in abundance, but they are scattered among so much banality, fatuity, and positive error that the book is certainly capable of doing much more harm than good. Some of it reads like a caricature of *What Every Girl Should Know.* For example, ''Thus a man who was carried away by his instincts to make an assault on a girl . . . confessed to me that she saved herself by the exclamation, 'How would you like this to happen to your sister!' ''

''Well-developed young women are very prone to have an unusual amount of sex feeling . . .''

''It is only the repentant sinner who visits the consulting room.''

Judging from this book, one concludes that the science of criminology is far more retarded in England even than in America; one concludes also that the Macmillan Company should subscribe to MENTAL HYGIENE.

KARL A. MENNINGER.

Topeka, Kansas.

MEASURING MINDS; AN EXAMINER'S MANUAL TO ACCOMPANY THE MYERS MENTAL MEASURE. By Caroline E. Myers and Garry C. Myers. New York: Newson and Company, 1921. 55 p.

This is one of the flood of new intelligence tests that have come out of the army experience. That fact is not sufficient to commend it, but if all the claims of its authors can be substantiated, it may well meet a need for a certain type of test hitherto unavailable. Briefly, its advantages are these:

1. It is a group test which can be given to a roomful of as many as 100 conveniently.

2. It is a performance test, composed exclusively of pictures, thus eliminating to a large extent the language and schooling factors that enter into the results obtained with many intelligence tests.

3. It is brief, consisting of but four tests, with but fifty-one parts in all. It can be given in fifteen minutes. Time limits are set for each test.

4. It has a wide range, yielding mental ages corresponding to intelligences of all grades from Grade I to college seniors. Each part is graduated to provide tasks ranging all the way from the very easy to the very difficult.

5. The methods of giving and scoring the test are simple, but accurate.

6. It correlates .80 or above with the Stanford revision of the Binet.

The authors give norms by grades and ages for 15,241 cases. Most tests have been based on a much smaller number than this. They have also devised an ''intelligence ratio''—namely, the raw score divided by the chronological age in months.

Perhaps the chief criticism that comes to mind is the meagerness of the attributes tested. Test I is a directions test, similar to Test I of Army Alpha. Test II is a missing-parts test, such as was used in Beta. Tests III and IV are both ''common elements'' tests on the analogy of certain Binet material, but composed entirely of pictures. Whether these are sufficient to give a satisfactory measure of a complex phenomenon like native intelligence may be questioned, though the correlations given seem to be in their favor.

KENNETH M. GOULD.

University of Pittsburgh.

MENTAL HYGIENE

VOL. VIII APRIL, 1924 No. 2

TRAUMATIC NEURASTHENIA*

E. FARQUHAR BUZZARD, M.D., F.R.C.P.
Physician to St. Thomas' Hospital

THE subject of my address is one which, for a variety of reasons, should be of interest to everybody. It is constantly before members of our profession as a difficult problem in relation to diagnosis and treatment; it is a source of perpetual annoyance to lawyers, whose minds are as confused as are those of their medical brethren in regard to its nature and significance; and it is a matter of economic importance to the community at large in that it occasions an enormous waste of time, energy, and money. Such reasons alone might be sufficient to justify my choice, but there is another which has still more weight. The term "traumatic neurasthenia" and the uses to which it has been put have brought profound discredit, and, I feel bound to add, in many instances deserved discredit, to our profession. As far as I can see, our professional reputation is not likely to be reinstated in the eyes of the public or of the law until every medical man and woman has a clear conception of what is meant by this much abused term, and is able to express that conception in language as lucidly as he or she would explain the meaning of "fractured clavicle" or "gastric ulcer". It is, perhaps, fortunate that we are not often called upon to interpret in public all the terms which are to be found in an index of medical nomenclature. It is most unfortunate that we are frequently asked in public to indicate exactly the meaning of "neurasthenia" and its causal relationship to trauma, and it is a calamity that our efforts to do so should so often evoke derision from the body of the court or judicial witticisms from the bench.

---

* Delivered to the Oxford Medical Society on November 9, 1923. Reprinted by courtesy of *The Lancet*.

It is only necessary to hear the evidence given in workmen's compensation cases in regard to traumatic neurasthenia in order to understand how difficult it is for the legal profession to take this evidence seriously. In one such instance the following statement was made by a medical man in describing a patient alleged to be suffering from traumatic neurasthenia: "My opinion of this case is that his symptoms are entirely functional. The question is how much of these are genuine. Probably some of the symptoms are genuine, but he is giving way to them." The lay mind must be considerably exercised to find the expert knowledge wrapped up in such an opinion. On the other hand, I confess to have been equally confused by the words I shall quote from a lawyer's letter: "The employer's case is that the man's inability to work is caused by his brooding over the effects of the accident and that he is suffering from weakness of will and a fixed, but erroneous idea that he is a chronic invalid. If they establish this proposition, then the court would have power to refuse further compensation. If, on the other hand, this man is suffering from neurasthenia, as we are advised, he is then entitled to a continuance of the compensation." To my mind the employer's proposition affords a definition, although perhaps a crude one, of what is meant by the term "neurasthenia". In other words, I should regard the alternative diagnoses, on the choice of which legal judgment would depend, as meaning one and the same thing. Herein lies the crux of the whole problem, and the cause of the confusion which at present fogs the medical and legal mind. In order to disperse these mists, it is essential that we should establish clearly in the first place the nature of neurasthenia, and secondly the causal relationship between trauma and that condition. It is my purpose to examine critically the facts with which experience has provided us and to consider whether, as a result of this examination, we can arrive at some scientific and practical conception of what the term "traumatic neurasthenia" really means.

Let us begin by recording what experience teaches us in regard to types of neurasthenic patients who attribute their condition to injuries. There are three groups of cases. The first group, which comprises the great majority of cases, can be labeled "anxiety neurosis".

Group 1. "Anxiety Neurosis".—These patients give a history of injury to any part of the body, the head perhaps being the commonest site. They differ in no respect from cases of anxiety neurosis, such as we meet in ordinary practice without any history of injury, or from the most common type of shell-shock victim met with during the war. They complain of constant "pressure" headache, insomnia, fatigue, giddiness, tremors, inability to concentrate, loss of appetite, and pain and tenderness at the site of injury wherever it may be. When you examine their eyes, they blink continually, and each voluntary movement they are asked to perform is carried out feebly, hesitatingly, and perhaps tremulously. Their whole appearance is one of anxiety and misery, but careful examination reveals no evidence of organic mischief.

Group 2. "Spinal".—The second group comprises a much smaller number of patients, but the picture presented is characteristic. It may be labeled the "spinal" or, in more vulgar, but descriptive language, the "my poor back" group. The patient invariably walks into your room leaning on a stick in one hand, with the dorsum of the other placed over the lower part of his back. You know at once that the site of his injury is his spine. As a matter of fact, many of these patients have suffered only from a sharp attack of lumbago while making a physical effort in the course of their employment. In addition to their characteristic attitude, they often present also the symptoms of anxiety neurosis. Again, examination reveals no sign of organic disease, but there is a superficial tenderness over a great part of the spinal column.

Group 3. "Hysterical".—In this group the anxiety neurosis is often associated with some definite hysterical symptom, such as hemiplegia, monoplegia, paraplegia, and so forth. These cases are not very common, and their occurrence is immaterial to the question under investigation.

As already stated, the development of neurasthenia has no constant relationship with the site of injury. The nervous symptoms are more likely to follow a blow on the head, or a strain of the back, but they frequently present themselves after an injury to a foot or hand. Direct injury to any part of the central nervous system, therefore, is not necessary for the production of neurasthenia. On the other hand, it is not unreasonable to suppose that the awe with which the lay mind regards an injury to the skull or to the spine may be sufficient to account for the frequency with which such injuries are followed by neurasthenia. The severity of the injury, again, has no bearing on the development of neurasthenia. The latter may follow trivial injuries to the limbs as well as a severe concussion. But there is one exception to this rule, an exception which is not without significance. It is rare to find an injury which inflicts permanent physical disablement on a patient followed by neurasthenia. The man who loses an arm or a leg as the result of a railway accident does not suffer from an anxiety neurosis, unless, of course, he has entirely other reasons for doing so.

So far a consideration of our experience in cases of traumatic neurasthenia allows us to form two definite conclusions. In the first place, the clinical picture of traumatic neurasthenia is identical with that of anxiety neurosis. In the second place, the incidence of neurasthenia on trauma is quite independent of the site or severity of the latter. On what does this incidence depend? This is a question which we should be able to answer. We have to find a factor which is always present in cases of traumatic neurasthenia, and which is generally absent when trauma is not followed by the neuropathic features we have described. From what I have already said, it would seem impossible to find that factor on the physical side. Any attempt to correlate the part injured or the nature of the structural injury with the evolution of neurasthenia has been shown by experience to be doomed to failure. Naturally we turn for light in other directions, and the question of the patient's inherent or constitutional reaction automatically engages attention. We may be tempted to seek for and find in each patient suffering from traumatic neurasthenia some evidence of hereditary nervous instability. There can be no doubt that such a proposition is attractive, and that it contains at least a germ of truth. But does it satisfy our minds as *the* factor determining the development of neurasthenia after trauma? Speaking for myself, the answer is in the negative, willing as I am to allow it its legitimate due.

Having given this question much thought, and having seen and studied quite a large number of patients suffering from traumatic neurasthenia, I have come to regard one factor as having a more profound influence than any other in determining the advent of neurasthenia after trauma. I refer to the question of responsibility. Is the patient responsible for the injury, and has he to shoulder the burden of its results, or can he shift that responsibility and that burden on to others? Auto-responsibility or hetero-responsibility? If the latter is to hand, then we have the initial preparation of the soil favorable to the growth of neurasthenia. We love to shift responsibility, and, having done so, we have leisure and liberty to study the injury in detail and all the results which it entails. More than that, we are ready to shift the responsibility for recovery on to others, and tacitly to reserve to ourselves the right of determining the length of the illness. What a difference there is between slipping and falling downstairs due to our own carelessness, and doing the same thing as the result of a push. The emotion of anger and the sense of injury are added to physical discomforts, and are more than likely to prolong disablement. I do not think I am exaggerating the importance of hetero-responsibility when I submit that it prepares the ground for the crop of nervous symptoms following trauma, but I must offer you some evidence on this point.

Accidents and injuries are among the commonest incidents of everyday life, and certainly not more than one in a thousand is followed by neurasthenia. In the course of years of practice, I have seen a large number of cases to which one could apply the name ''traumatic neurasthenia'', but I cannot recall one in which the responsibility for injury has not been placed away from the patient. These patients have been workmen's compensation cases, railway-accident cases, motor-accident cases, soldiers, sailors, and so forth; employers, insurance companies, railway companies, and the state have supplied the responsibility. Let us take another sphere of action in which accidents, trivial or severe, are frequent—*i.e.*, the hunting field. It is true that one occasionally sees a patient from this source who presents features resembling those of traumatic neurasthenia, but they are always cases of neglected concussion, never cases of injury to other parts. Moreover, such cases are easily cured, whereas traumatic neurasthenia is almost proverbial for its resistance to treatment.

But if hetero-responsibility prepares the soil, whence come the seeds? In order to learn something about traumatic neurasthenia, as in all forms of neurasthenia, you must let your patient talk, you must encourage him to recall every detail of his accident and all subsequent events. He will tell you many things which, apparently unimportant, have great significance. There you will find your seeds.

Let me describe the sort of story you will hear. Smith is injured in an accident occurring in the course of his employment. The accident took place in such a way that it caused a considerable emotional disturbance—that of fear. This is often called shock, but is distinct from surgical shock. The injury caused pain, and the doctor, on examining him, said: "By Jove, you have had a narrow squeak! An inch to the left and the blow would have broken your back." A restless night during which he remembers that there were only three men doing what ought to have been done by four. This gives rise to the sense of injury. His employers are responsible for his suffering. A mate comes to see him a day or two later, and reminds him that Jones had a somewhat similar accident and was dead within a year. (It is immaterial from their point of view that Jones died of influenza and pneumonia.) His wife is a plucky woman and sympathetic, also much incensed against the employers because of the neglect to supply sufficient labor for the job. She makes him comfortable at home, in spite of shortened means. His injury is really slight, and after going to the hospital or his doctor twice a week, for two or three weeks, there is no physical disablement. But the seeds which were planted have grown, and will continue to grow, with the result that you soon have a condition of anxiety neurosis in full bloom. If the doctor said he had had a very narrow squeak, it is obvious that he must have been very seriously injured, and he could not be well in a month. Even if he appeared well, there was always the possibility that something else would develop. Did it not in the case of Jones? It must be remembered that to the lay mind trauma is still the most important and universal etiological factor in medicine, just as it was in medical text-books fifty years ago. A pain here or a pain there is sufficient to keep him on the alert for complications and sequelæ. Fear and anxiety keep him awake at night, and so the vicious circle is formed. Beneath the surface all the time is the knowledge that his employer was responsible for making him ill and is still responsible for getting him well. Yes, he will go into hospital for treatment, but under protest. He will come out of the hospital worse than he went in, and more convinced thereby that the injury he received was far more serious than other people, particularly the insurance officers, realized. Weeks, months, and perhaps a year or two pass by. He has either become incurable or is tempted by a lump sum of money in full compensation of all his claims. Accepting this, he has, unwittingly, resumed responsibility for his health, and sooner or later health is restored to him.

The case of Mr. Robinson, however, is rather different. He was in a train returning from business when a collision occurred. He was thrown across the carriage and considerably bruised, and not a little frightened. What with his bruises and fright, he had several restless nights, in the course of which he explained to his wife the dastardly neglect of the railway company in allowing an hour to elapse between the collision and his being conveyed to a place of safety. This indignation grows as his bruises and fright disappear. He feels disinclined to return to business, and his doctor has hinted that two or three weeks at the seaside, in order to get over the "shock", are advisable. After all, the company must pay for this, and it is a long time since he had a good holiday. On his return he is not yet inclined to work, and meanwhile the question of how much compensation is due to him has become, and is still, a matter of dispute between his and the company's lawyers. He is given to understand that he is suffering from traumatic neurasthenia, and it is impossible to say when any one may recover from that disease. Anyhow, the company is responsible not only for the disease, but for financing him until he is well. Litigation threatens, further medical examinations ensue, a sum is offered; shall he accept it? More sleepless nights, and the picture of anxiety neurosis, complicated by the sense of injury, is complete.

Now let us look for a moment at the other side. A hunting man sustains a severe concussion as the result of a fall. His doctor tells him he was within an inch of breaking his neck. He has nobody but himself or his horse to blame, and accepts the medical dictum in the spirit that a miss is as good as a mile. After a few days' rest, he is feeling so much better that he wants to know when he may get up, and how long it will be before he can hunt again. Provided he is kept long enough at rest, there will be no neurasthenia. If, on the other hand, he is up too soon, headaches will develop, and he will find that he is very easily tired and quite unable to concentrate. A further period of rest would get rid of these symptoms, but neglect of such precautions would probably mean the establishment of a neurasthenic state from which recovery may be slow.

Before turning to other aspects of my subject, let me consider briefly one or two of the seeds of neurasthenia to which I have referred. I purposely brought in the doctor as a seed, because I am convinced that care in talking to patients who have sustained injuries is of the utmost importance from a psychological point of view. Such patients are in a very suggestible condition, and the most trivial remarks of the doctor in attendance are apt to produce lasting impressions. Of this I have had many illustrations, brought out by conversations with neurasthenic patients. My reference to the wife originates from the observation of insurance doctors, as well as from my own. It is rare to find a traumatic neurasthenia persisting for any length of time unless the woman responsible, be it wife or mother, is above the average in her ability to maintain a comfortable home.

Nothing, perhaps, stands out more prominently than the sense of injury if you indulge in conversation with patients suffering from traumatic neurasthenia. There can be little doubt that it is a psychological factor of much importance in promoting and maintaining the patient's ill health. It is a vague, intangible disease of the mind, almost a psychic cancer, difficult to eradicate, and calculated to block all recuperative processes. It forms one of the chief obstacles in the path of treatment. There is a wrong to be righted, and until that has been done to the satisfaction of the wronged, the latter is not likely to turn his attention away from his injury to the ordinary affairs of life.

But having given due prominence to the difficulties of treating and curing a patient with traumatic neurasthenia, let me point out that much may be done to prevent it. It is not a condition found immediately after an injury; it exhibits its first symptoms only as the bruises are disappearing, and very often at a still later period. But it sprouts and grows under the doctor's nose, and if he is quick to detect the noxious weed and alive to the dangers associated with its growth, he may successfully nip it in the bud. This, no doubt, is often done by practitioners who are in the habit of studying their patients' minds as well as their bodies, but in many instances the former are neglected. The incipient signs and symptoms may, perhaps, be noted, but are regarded as outside the sphere of medical attention and as the natural sequence of an injury, attributed to that vague factor ''shock''. A little clear thinking should make one realize that the effects of shock are most manifest immediately after injury, and tend to disappear slowly or quickly as the case may be. On the other hand, the nervous symptoms which we are discussing make their appearance later and progressively increase as time goes on. A little psychotherapy applied early in these cases would be far more valuable than lint and bandages. As in all spheres of medicine, early diagnosis and appropriate treatment is the secret of success.

At the beginning of my paper I expressed my belief that the disrepute into which medical evidence on cases of traumatic neurasthenia has fallen was occasioned by the absence of a clear conception of the pathology of that condition. There appear to be two schools of thought. The one favors the view that an injury of any degree of severity and inflicted at any site may produce a physical condition of the nervous system, with characteristic signs, but without any morbid anatomy, to which the name traumatic neurasthenia is fairly applicable. The other view, and I submit the true one, is that the signs and symptoms of traumatic neurasthenia are those of an anxiety neurosis, complicated by certain factors to which I have drawn attention, and that it should be regarded as an emotional state, dependent, not on any physical disturbance caused by trauma, but on a number of psychological factors. Although the knowledge that an injury has been sustained exerts a powerful influence in the development of neurasthenia, the latter is not the result of trauma. Furthermore, it must be recognized that the power of the influence exerted by the knowledge that an injury has been sustained would be very small unless it were accompanied by the ability to shift the responsibility for the injury and its effects on to other shoulders. It is quite true that there are many physical manifestations present in all severe cases of neurasthenia, and that they may truly be regarded as disabling, but our knowledge of the physical manifestations of the emotions enables one to recognize those of traumatic neurasthenia as those of chronic fear. After all, what is anxiety but chronic fear?

As medical men, we are not in any way bound to go further than this. The final decision as to whether a condition such as I have described is to be legally regarded as the result, direct or indirect, of injury must rest with judges who interpret the law of the land.

At the present time, according to the letter I have already quoted to you, the courts recognize two conditions, one of which is a mental state characterized by brooding, weakness of will, and fixed ideas, and the other ''traumatic neurasthenia'', which, having a name, is in no need of further definition. A name is so satisfactory even when it means nothing; it becomes part of the established order of things and discourages all curiosity or investigation. The irony of the present position is that if you suffer from a certain kind of mental disorder following an injury and it is called traumatic neurasthenia, you are entitled to compensation; but if the judge prefers to describe the identical condition in other language, then you must forfeit your claim. That legal judgment should continue indefinitely to be based on such a confusion of ideas seems hardly possible, but it is difficult to see how reform is to be brought about unless the medical profession becomes united in its opinion as to the meaning of traumatic neurasthenia, and each individual member of it is able to supply an intelligible interpretation of that meaning. What is a judge to do if medical witnesses on one side say that a man is suffering from brooding, fixed and erroneous ideas, and on the other side that he is suffering from traumatic neurasthenia?

The judicial mind is bound to regard the latter diagnosis as that of some dire disease, of which the name is sufficient to indicate its origin from physical injury. He can have no choice, under existing laws, to do anything but continue compensation so long as this, perhaps interminable, disease persists. On the other hand, he can decide that the patient is not suffering from physical disablement, but is brooding and harboring fixed and erroneous ideas, a decision which enables him to stop compensation. What a quibble! Would not the following judgment cover both cases? I find that Mr. Smith is no longer prevented from working by reason of any injury he may have sustained as the result of the accident, but that he is suffering from an emotional disorder which has its origin in anxiety and other psychological factors. But such a judgment would not necessarily bring the judge's difficulties to an end. Sooner or later it will have to be decided whether compensation can be claimed for a disorder of the mind, call it either neurasthenia or anxiety neurosis, following an injury for which another person or body is responsible, but not resulting from that injury. This question has already, I believe, been a potent source of trouble to the legislators of other countries, and is one which sooner or later must be faced here. It is a question full of snares in which justice and mercy may easily be entangled. The mind of the general public is as yet quite incapable of realizing that a condition of ill health and disablement can be the result of psychological influences alone, and a decision that compensation could not be recovered for neurasthenia following an accident might be the subject of an outcry. On the other hand, a contrary decision constitutes a direct appeal for the development and maintenance of neurasthenia whenever the responsibility for trauma can be foisted on the shoulders of others, and especially when a sense of injury has, rightly or wrongly, been acquired.

These legal problems, however, are not for us to solve. Our duties lie in a different and even more important direction. If we are convinced that traumatic neurasthenia—or "anxiety neurosis following trauma", as I should prefer to call it—is a mental disorder recognizable in its infancy, it is our duty to prevent its development. We must be on the lookout for the earliest symptoms, just as we look out for a rash in a person who has been exposed to measles, and we must be prepared to fight them without delay. We must realize that they are the advance guard of an insidious disorder capable of producing far-reaching results and distressing disablement, and we must be ready to give them battle on their own ground and at the earliest opportunity. Our weapons must not be merely the advice to take plenty of exercise in the fresh air, and a bottle of medicine repeated week after week, but a free expenditure of time devoted to fathoming the contents of the patient's mind, and an honest endeavor to reëstablish a healthy mental outlook. Bring the anxieties and fears and misunderstandings to the surface, expose their fallacies, and disperse the germs of revenge and greed.

It is impossible to encourage and reassure successfully an anxious and perplexed patient until you not only understand his fears and difficulties, but have convinced him that you have thoroughly mastered them.

Before concluding, may I say a few words in regard to diagnosis in the case of patients who have suffered head injuries? I refer to patients who have had more or less severe concussion, and who complain of subsequent headaches and mental disabilities in the form of defective concentration, defective memory, depression, fatigue, and so on, without any physical signs of disease. It is convenient to approach such cases with the idea of discriminating between three different conditions, each of which has characteristic symptoms and appropriate treatment. I have already referred to the first group to which might be given the name of true traumatic neurasthenia. A member of this group has had a definite head injury with concussion, the severity of which may be roughly measured by the length of retrograde amnesia. He has been kept at rest in bed for an inadequate length of time, and after getting about suffers from headache of the neurasthenic type—that is to say, more or less continuous and described as pressure on the vertex, or as a tight band round the temples. He is easily tired and cannot concentrate, thinks his mind is becoming defective, becomes depressed and anxious, and finally presents the characteristics of a neurasthenic patient. Such cases can be prevented from developing if sufficient rest is prescribed for patients who suffer concussion. They can be readily cured with rest and reassurance, provided the responsibility is their own. The second may be described as the "contusion" group. In this case the patient recovers from the effects of his head injury in all respects except one. He finds that every attempt at physical exertion gives him a severe headache which is paroxysmal, not continuous, and more or less exactly localized over the site of injury. This site becomes tender when the pain is present, and sometimes when it is absent. An X-ray examination may or may not reveal a bone injury. Not a few of such cases can be relieved only by surgical intervention, and when the skull is opened, there is usually found some localized thickening of the meninges, and perhaps a collection of fluid in the subarachnoid space shut off from surrounding healthy parts by adhesions. At the site of bruising, the brain has become anchored to the dura mater. The third group comprises the cases of anxiety neurosis following trauma, to which I have already devoted much of your time this evening, and which, as I have pointed out, are able to shift responsibility away from themselves. Their prevention and cure must depend largely on psychotherapeutic measures.

In conclusion, I do not for one moment expect that the views I have expressed will be unanimously accepted. I shall be satisfied if I have provided some food for thought, and if I have established the case with which I opened in regard to the need for some clear thinking on the subject of "traumatic neurasthenia".

THE NEED FOR SCIENTIFIC STUDY OF DELINQUENT AND PROBLEM CHILDREN AND PROVISION FOR AN ADEQUATE MENTAL-HYGIENE PROGRAM IN THE SCHOOLS*

CLINTON P. McCORD, M.D.

Health Director of Albany Schools; Instructor in Educational Hygiene, Albany Medical College; Consulting Psychiatrist, Berkshire Industrial Farm

THAT a correct diagnosis of the ailment of a sick person is imperative before a physician can hope to institute proper treatment is a fact recognized even by the laity. That a person who is socially sick and who comes to the notice of organized charity requires study and a diagnosis as a preliminary step to treatment has been accepted in recent years by relief organizations administered by persons trained in social science. But that a person suffering from a conduct disorder, standing before the bar of so-called justice, should be studied from every possible point of view, and a diagnosis made of his case before treatment is administered, has been recognized by a relatively small group of people. Persons entrusted with the treatment of this last class of "sick individuals" are frequently antagonistic to any plan that seeks to put into effect this fundamental principle of the interdependence of diagnosis and treatment. The failure of the legal profession, and of other officials concerned in the management of the machinery of justice, to recognize the need of applying the methods of exact science to the problems of crime and delinquency is costing every community thousands of dollars. Educational and welfare organizations year after year have carried on their conference program topics similar to those under discussion here, but seldom have there been present at such meetings any considerable number of judges, lawyers, doctors, or state and municipal officers—the very people whose understanding and coöperation would make practicable the application of these truths.

---

* Read before the Section for Exceptional Children, New York State Teachers' Association, Albany, N. Y., November 27, 1923, and before the Second World Humane Conference, New York City, October 27, 1923.

In spite of the machinery of police systems, courts, and reform and penal institutions, the rate of incidence of crime and delinquency remains stationary. The forces thus far focused upon these conditions have been curative rather than preventive; remedial methods that have not "remedied" and reformatory methods that have not "reformed" have been the rule. This is not a reflection on the interest, earnestness, and high ideals of many persons engaged in court, probation, or reformatory work; it simply means that such interest and idealism have been expended along "blind alleys". Perhaps we are safe in saying that the day is now dawning when the conscience of any person responsible for the disposition or treatment of a delinquent will not be satisfied to deal with such a case except in accord with a full knowledge of the facts relating to the physical, mental, and environmental status of the individual concerned. Then cases for probation will be scientifically selected; so-called reformatories will be free from the feebleminded; the real indeterminate sentence will be a fact; and the proper educational, social, recreational, and vocational organization of our reform institutions will be accomplished.

In some communities provision for the suitable study of young offenders has already been made and the work of probation as well as of commitment to institutions is handled in the light of the best scientific knowledge; but this is not the case in a much larger number of communities. The executive of the reform institution finds that the problem has been passed along to him, and if he is intelligent and fearless, he acknowledges that his program is not a panacea and that his "failures" are far more pregnant with meaning than are his few brilliant "successes".

Realizing that adequate study of the juvenile offender is not provided in many communities, and appreciating the importance of such a study before constructive work can be attempted with the individual case, the Berkshire Industrial Farm at Canaan, New York, for several years has had as part of its program complete physical, neurological, and mental examinations of all boys committed there from various sections of the country. Even if examination were provided in connection with our courts, so that the feebleminded, epileptic, tuberculous, syphilitic, and cases of early adolescent mental disease were there weeded out, still the reform institution should undertake a comprehensive study of the group committed to its care, as the basis for a real program of reëducation. We look upon the reform institution as a laboratory for the study of conduct disorders, and we believe that such study is as important a feature of the institution as are food and shelter. We believe that when the economic and educational principles involved in this statement are fully recognized, the misdirection and waste of philanthropic monies spent in reform work under present methods will be evident. In that day, before a cent of public or private money goes into work with delinquents, we shall demand to know whether or not there is a reasonable possibility of the results being commensurate with the cost. The wisdom of such a procedure can be demonstrated from a dollars-and-cents standpoint; perhaps we are not yet far enough advanced to appreciate the finer rewards along educational lines and in the field of mental adjustments and alterations of personalities.

Rich as the atmosphere of an institution should be in stimulation, appeal, supervision, and direction of a sentimental coloring (so moving to the average adolescent), such stimulation, appeal, and supervision should be applied only in accord with the needs of the individual child as revealed by scientific study. A boy with a reformatory history nearly kills an attendant with an iron bar and is transferred to an institution supposedly with a more severe program, but there is no recognition of the measures necessary to reveal and deal with his homosexual panic. An institution admitted a fourteen-year-old boy with a lengthy history of punishments and unsuccessful attempts at "disposition" of his case; repeated disturbances, erratic removal of his clothing, and his apparent acceptance of punishment as the natural thing, at once attracted attention. His father had beaten him unmercifully in an attempt to cure him of his erratic behavior. In addition to appearing frequently minus his clothing, disappearing in the woods, and returning in several hours to his cottage in a nude state, he soiled his bed as well as his day clothing and was considered "impossible". Still, he had been committed to a reform institution with the expectation, on the part of the parents and the commiting agency, that the life and supervision at this institution would bring about a cure of his erratic conduct. A thorough study of the boy's personality and mental condition resulted in a diagnosis of masked epilepsy. His wanderings, undressings, filthy habits, fantastic lying, extreme irritability, were then seen as expressions of a definite disease, and the injustice of punishment was apparent, as also the need of an entirely different type of institutional care.

A number of cases of post-lethargic-encephalitic conduct disorders are sent through our children's courts and even to reform schools without any recognition of the pathology that brings them before the court or the committing agency. Similar cases are appearing routinely in all courts, and we have heard such statements as I have been making repeated for years at educational and social-work conferences; and still relatively little constructive work is being done. Removing diseased tonsils and abscessed teeth, correcting defective vision and impaired nutrition, circumcising the boys and feeding thyroid gland to the girls and giving intelligence tests are all very well if indicated; and certainly every offender, young or old, should receive complete physical, neurological, endocrinological, and psychiatric consideration. But when we seek the chief causes of conduct disorder, we must study the environmental picture, must look to the instinctive life, and must uncover the mechanisms at work in producing, under a given set of conditions, this or that type of behavior. Some one has said that we usually behave in accordance with how we *feel,* not how we *think,* meaning that our motivation is instinctive, emotional, and not intellectual. We must look for the roots of most of our so-called misconduct at the deeper psychological levels.

When a study of the individual delinquent is made, we discover a relatively small group of definitely feebleminded cases. Of course these cases should never be sent to a reform school, but should be cared for in properly organized institutions for defective delinquents. It is the duty of judges and probation officers to recognize that such cases should not be committed for brief periods. They should be properly placed at the time of their first offense, thereby saving expense to the community and energy on the part of parents, school authorities, and court officials in subsequent dealings with them. Every community with a population of 50,000 or more should have local provision for the psychiatric examination of *juvenile* delinquents at least. Such provision should be as definite a part of the civic organization of the community as its hospital, juvenile court, or high school.

The new Children's Court Act in New York State opens up a field for development along this line. The danger is, however, that the physicians appointed to examine cases for the children's court are apt to be selected in routine fashion and not on the basis of their special experience and knowledge in psychiatric work with juvenile offenders. A study of the delinquent involves careful investigation of home and neighborhood conditions, family life, religious training, recreational and school opportunities, parental attachments, and particularly a close-up consideration of the emotional side of the child's personality and the various conflicts that may be going on within the field of his instinctive life. We find in the emotional life of these boys and girls the explanations of most of their delinquent trends. With this information in hand, we are in a position to offer definite recommendations for the management and proper training and often the ultimate reformation of these children.

Persons charged with the management of such children have been forced, whether or not they always understood the underlying psychology, to deal with them first as instinctive beings. This has meant the provision of certain of the wholesome vehicles for sublimation of the various instinctive trends (self-preservative, sexual, egotistic, or what not)—namely, the industrial arts, music, athletics, and the beginnings of a recreational program. It is these mechanisms and trends that are at work to produce the complex manifestations that we term conduct. In many instances parent, teacher, child associates, the environment as a whole, offer suitable safety valves, and a wise pedagogy will aim to discover these outlets—will seek to understand how the emotional side of the child may find the most wholesome expression. Fear, hate, love, and other primitive emotions must be perceived in all their relationships of production, expression, and purpose, so that profitable habits may be formed and self-understanding may be born.

The parents and teachers who successfully meet this situation must themselves have free minds and must be ready to accept truth, even though the dogma and sentimentalism of a lifetime must be sacrificed therefor. Too often the repressed emotional life of the parent or teacher renders him blind or antagonistic to the manifestations of the emotional life of the child, and this blindness frequently leads to insistence upon unpleasant modifications in the personality of the child which may actually bring him later into severe conflict with his fellows and with the conventions. Those of us who have examined and analyzed intelligent adults suffering from personality handicaps know how frequently indifference or hatred is meted to fond parents by children who have been ''coddled'' and ''restricted''. Such children eventually are forced to demonstrate to their little world their virility and their emancipation, which often means that they plunge into delinquent activities to prove, as it were, that they are ''regular fellows''.

Deeply buried in the emotional life of the child are to be found the mechanisms utilized by the animal in gratifying its instinctive desires and achieving its ends. Man is a bundle of complex feelings—now oppressed and overwhelmed by a sense of inferiority, now compensating for this by striking attitudes of dignity and superiority; now uncomfortable in the face of an unpleasant situation and reacting in disguised and substitute forms through which escape from the issue is attained. The person who is unfamiliar with the psychology of the emotional life is constantly hoodwinked by his own evasions. The mechanisms by means of which the instinctive cravings of man find their satisfactions are the very warp upon which the woof of conduct is woven; and no parent or teacher, judge or probation officer, can hope to render full justice to the child unless he or she has come to a knowledge of these psychological truths which, sad to relate, still await recognition on the part of formal education. Man's personality has as its background the physical, intellectual, and emotional experiences of infancy and childhood, and this background is too often painted in with intellectual paint brushes only; the physical and emotional colors are frequently badly mixed or stupidly applied. Perhaps we may come to recognize that at a certain stage in development giving or receiving a bloody nose on the playground may possibly be of greater educational value to the child than declining a Latin noun. Let us note that the first act is rooted and bound up with the emotions; the second act is predicated on intellect.

Let us state briefly the important items that should appear in the programs of agencies that deal with juvenile delinquents during the three possible periods of their careers:

I. *Pre-institutional*

Agencies should be better equipped to study their cases—to investigate home, school, and community records. They should have friendly contacts with school authorities; at times judges and probation officers criticize the school without knowing or investigating what the educational authorities are doing for the child. Psychiatric consultation should be available. More complete records of each case should be compiled and copies of this material should be forwarded to institutions when probation has failed or psychiatric opinion points to an institution for the case. Usually but little worth-while or even accurate information is sent. The development of more recreational activities and the utilization of existing agencies for the outlet of juvenile energies in wholesome ways should be encouraged. Field workers should be supplied. All methods of helping the child to adjust in the home and the community should be exhausted. Mental-hygiene clinics or psychiatric laboratories should bring together parent, teacher, social worker, children's-court officials, psychologist, and psychiatrist in the attempt to adjust the case. No such adequate method is pursued except in a few centers. It is pitiable to note the limited range of appreciation that the average children's-court judge brings to the situation. A so-called "fatherly" talk to the boy, a scolding, a threat to the parents, a complaint that other agencies are not doing their part—it all is familiar to you! Disposition of cases should be made on the basis of final psychiatric opinion. Where this is impossible, let us have adequate social investigation by probation officers or other agents and the forwarding of data to the institution when commitment finally takes place, trusting that the institution may be progressive enough to have proper study carried out.

II. *Institutional*

After the juvenile delinquent reaches the institution, he has a right to several things:

1. Proper physical care. The institution must have decent physical equipment and facilities for medical, dental, and other corrective atten-

tion, adequate food and clothing, and suitable opportunities for physical training and recreation. Many institutions do not have these provisions.

2. Proper neuropsychiatric study, including all that modern psychology has to offer in the way of helping the individual to adjust scholastically, vocationally, and socially within the institution.
3. A diversified program of training, academic and industrial, applied in accordance with the particular needs of homogeneous groups of individuals selected by intensive coöperative study of every case upon admission and during the first few months of residence.
4. A program of competitive sports and group-recreational projects.
5. A plan of social activities that will offer judicious adult contacts and will furnish opportunities for concrete training in understanding the emotional life and in developing habits of control.
6. Some plan of religious or moral instruction.
7. Parole or discharge on the basis of field work and administrative opinion combined, with definite effort aimed at the industrial adjustment of the case in the community.

III. *Post-institutional*

Comparatively few agencies are dealing specifically with the problems of this period. Each institution should have as a member of the staff a field worker who would not only help to gather pre-institution records on the admissions and make observations on the cases during residence, but would also make contacts with all the agencies that could contribute to the successful adjustment of the individual to life and work in the world that is to receive him after the all-too-short period of institutional supervision has passed.

Comparatively few institutions have such a field worker. Outside agencies that attempt to deal with the delinquent in the post-institutional period and seek to help tide him over that crucial time should be in very close and understanding relationship with the institution and should have available the results of the study that we insist should be made of each delinquent during the institutional period of his career.

The continuity of records and the availability and exchange of records all along the line—pre-institutional, institutional, and post-institutional—are most important; and yet duplications, omissions, contradictions, wasteful lapses, and indifference are more often the rule. In other words, we believe that the pre-institutional, institutional, and post-institutional periods in the career of a delinquent present closely related phases in the same set of problems, and that justice will be rendered the delinquent only when the agencies working in each of these fields understand more completely what is going on in the two coterminous fields, and when data gathered in one line of activity is intelligently available in related lines. As things stand now, few judges or probation officers know much about institutional methods or even institutional ideals; and the public at large, to which the delinquent should ultimately adjust himself, knows little about the methods and ideals of any of the agencies that struggle with these vital social puzzles. A very few men like Superintendent Todd at Industry, New York, Leon Faulkner at Loch Raven, Superintendent Johnson at the Berkshire Industrial Farm, and certain others, have developed a constructive approach to many of these problems, and are taking definite steps to reëducate the juvenile offender. Their systems of character building have taken shape in part at least as a result of scientific analysis and are based upon a diversified program of industrial training, a classified schedule of sports, contests, entertainments, social functions, group projects, contacts with adults and with older boys, specially planned conferences, carefully placed responsibilities, and intramural opportunities for the development of individual effort and occupational experimentation. The institution is looked upon as a laboratory where the maladjusted boy may be studied, more or less socialized, and brought to understand the mechanisms back of his behavior. Inferiority feelings, compensatory swings, sadistic, masochistic, and homosexual trends, escape devices, and the like are exhibited in our juveniles just as we see them as part of the picture of our adult psychopath.

These things call loudly for recognition in the pre-school child, the school child, and the older adolescent. Education must take cognizance of these manifestations and attempt to provide guidance and treatment, and, best of all, prevention. Our public-school systems should be great laboratories for the study of behavior, and definite mental programs should be formulated, extending far beyond the giving of mental tests and the segregation of subnormal children in special classes, there to receive—I am almost tempted to say ''have wasted upon them''—a very expensive program of care and training, while neurotic and psychopathic children, often of good intelligence, are subjected to the routine curriculum and the treatment of the non-understanding teacher, becoming more neurotic and more psychopathic, and in a certain percentage of cases psychotic, under the blind process of being ''run through the mill''.

In Albany, I am glad to say, we have endeavored to reach this large group of children and to attempt preventive work. We hope this winter to reach the parents through mental-hygiene clinics, which will, we hope, associate the psychiatrist, the psychologist, the nurse, the teacher, and the parent in an effort to understand the nervous or peculiar child. Does your child steal, run away, set fires, wet the bed, have fits of temper, play alone, cry much? Is he sulky, timid, cruel, deceiving, shy, effeminate, artistic, adventurous, quarrelsome, boisterous, or over-affectionate? These and other questions that parents and teachers may be ready to ask will be considered in the light of modern psychology.

We must make mental hygiene a real thing in the public schools. We also must teach it to our medical students. The Albany Medical College, through its course in educational hygiene, has for several years been attempting to indicate the problem. Conduct-disorder cases seen at hospitals for mental disease are too often dismissed with the statement that they are not insane and not feebleminded, which gives the agency that is responsible for the adjustment of the child little help. Doctors, social workers, and teachers must be trained along the new lines of thought. We demand scientific appreciation of the need for studying the emotional lives of our children and providing instruction for parents and guidance for teachers in the management of their charges, especially children who are conditioned in ways that make them easy victims of the ignorance of many agencies that are entrusted with the care of children. The parent as her child's worst enemy and the teacher as the child's most persistent handicap are terms that must be widely understood and accepted before these evils can be corrected. So-called formal education has been a sort of kid-glove affair that has hesitated to handle a squirming, crying, laughing, scratching, biting, hungry, cruel, selfish, thieving, lying, sensual, deceiving, perverse, helpless, shameless, puking child. It has been more in line with the æsthetic sensibilities of the champions of formal education to refuse to perceive the child in any other light than a being delicate, pure, serene, clean, innocent, rosy, tender, dependent, loving, generous, cherubic. The study of the infant or the child first as a little *animal* and of his mental activities as expressions largely of his instincts has occupied a small place in the program of the educator; often such suggestions have been looked upon as well-nigh sacrilegious. More and better trained teachers, psychiatrists, and social workers are needed. Fewer sentimentalists and propagandists and more coldly scientific and fearless researchers are needed in the mental-hygiene field.

Certain modifications in our education law would help greatly in abolishing some inconsistencies that at present we are frequently called upon to face. I quote from a recent letter of our local commissioner of charities to Governor Smith:

> "We have in Albany a woman whose husband has deserted her, leaving her with seven children to support. Through the aid of her brother-in-law and the wages of the oldest son, who is within six months of being sixteen years of age, this family has been able to get along without appealing to the charities department. This oldest son has been taken from his work and the much needed eighteen dollars a week he has been earning have been taken from his mother. The boy has been employed as a laborer in the railroad shops, earning three dollars per day, bringing his money to his mother, who gave him fifty cents a week to spend. This arrangement satisfied the boy and he was contented and regular in his work. Physically he was able to do the work required of him."

The letter then quotes in part from our report on the examination of this boy when he appeared in the local children's court for truancy:

> "In spite of the ten years the boy has been in school, he is unable to do, satisfactorily, first-grade work. During the last two years, while a member of a special class in the public schools, he has received intensive training at the hands of skillful teachers and has been given opportunity to profit from a variety of lines of handwork; still he has not shown any aptitude along these lines and is unable to do some of the simpler types of occupational work. Here is practical proof of the accuracy of the tests of mechanical ability and performance that we have given him. Such tests show that he has but little mechanical ability and that his performance ability is below that of an 8-year level. We can state that he will never be capable of doing skilled manual work, but should probably follow some line of unskilled work such as he followed during the past summer."

The state law should let us permit this boy to do the only type of work he is capable of doing, while at the same time he might attend a part-time school where special provision should be made for such defective cases. Up to this time, however, such changes in the law have not been made, and we are forced to insist that this boy drop his work and continue under special-class training until the age of sixteen. We have recognized this condition for some years and have had a number of cases similar to this one which have given us argument for the modification of the law; but so far there has not been enough appreciation of this problem, and no action has been taken toward remedying the condition. This boy will be kept idle for six months, discontented and practically a useless member of the community, when he might be earning the money his mother needs so badly. This case at once suggests to us the empirical and inadequate method that prevails in the study of part-time school cases.

We know that the part-time school has fallen heir to a host of problems in so-called vocational guidance. This set of problems constitutes the major demand with the younger groups, while trade extension is the chief item of consideration with the older groups. We feel that other problems of a technical nature are evident in considering this large body of pupils, handed over by the regular grades and presenting problems for special lines of training under new and unusual conditions. The problem of the feebleminded and subnormal pupils alone is one of urgent importance. The delinquent adolescent presents another type that calls for study and treatment. Pupils with some special ability or disability demand prompt recognition in order that provision may be made for them and justice may be done them in the name of modern, scientific educational methods. We believe that many other types of pupils, entering the part-time school, are rightly subjects for special study and observation in order that they may profit in the highest sense from their brief period of special training, and in order that much time and money shall not be expended in an attempt to do impracticable or impossible things with them. We further realize that the interpretation of much of the data suggested and the demonstration of essential principles involved in approaching the problem are technical matters and enlist us in a scientific consideration of these pupils.

We might submit the following proposal:

Representative groups of pupils entering part-time school should be studied with a view to determining what problems they present from a broad educational point of view, to discovering their special abilities and disabilities, and to demonstrating some of the principles involved in adapting the school program to the pupil on the basis of scientific analysis and educational prescription.

We realize that this method cannot now be applied to all admissions, perhaps; but we feel that its application to selected groups will demonstrate certain vital needs and may establish certain procedures of great importance in the proper application of the part-time-school program.

We suggest that the consideration of a selected group of these pupils for the purpose of demonstrating the value of such a plan might include the following items:

1. Family history
2. Developmental history
3. Home and neighborhood conditions and influences
4. The pupil's habits and interests
5. School history
6. Employment record
7. Delinquency record
8. Physical examination, including anthropometric curve
9. Neurological and psychiatric examination, including tests of special senses and limited personality study
10. Psychological study:
    - a. General intelligence level and real scholastic grade
    - b. Performance ability
    - c. Mechanical ability
    - d. Motor coördination
    - e. Auditory memory
    - f. Visual memory
    - g. Language level
    - h. Power of memory and recall
    - i. Ability to carry in mind and work with visual representations
    - j. Learning ability
    - k. Arithmetical reasoning power
    - l. Power of abstraction
    - m. Power of analysis in terms of visual images
    - n. Apperceptive abilities
    - o. General information
    - p. Demonstration of any special abilities or disabilities.

To-day when we speak of vocational guidance, if we are thinking along scientific lines, we do not mean that there is any method for determining which boy shall be given the training of an auto mechanic or a printer or a bricklayer. What we mean is that the persons who are directing the training of the boy should help him in selecting the course for which he is best adapted by virtue of his physical, mental, and temperamental make-up and in which he will stand the best chance of becoming a skilled and useful member of the industrial world. This understanding of vocational guidance implies an understanding of the boy from social, physical, intellectual, and emotional standpoints; and this in turn implies a study of the boy to determine not only his intellectual level and the condition of his special senses, but also his special abilities and disabilities. Only after such study are we in a position to prescribe with justice any type of vocational training.

Many people who discuss vocational guidance are following the ancient method of "trial and error", or are attempting, by means of snap judgments, or what they dignify by the name of "intuition", to select for the boy a cut-and-dried course. Of course to-day vocational guidance means nothing of this sort. There are certain definite mental abilities and disabilities for the testing of which fairly useful psychological tests are now available (I refer to variations in visual memory, auditory memory, power of visualization, arithmetical reasoning power, power of memory and recall, mechanical ability, and the like), and by vocational guidance we mean the study of these special abilities and disabilities in the individual and the avoidance of courses of training that call upon powers which he does not possess. Münsterberg demonstrated some years ago to the Bell Telephone Company how they could save some forty thousand dollars a year by giving a few simple tests to their prospective switchboard operators, thus eliminating a large percentage of girls from their expensive courses of training at the very beginning instead of six weeks later. The same thing was demonstrated to traction companies in reference to motormen; but very few trolley-car systems select their motormen by any such criterion. A boy may select machine-shop work because the polished machines are attractive and because he likes the instructor; this same boy upon examination may be found to be utterly deficient in mechanical ability and in other abilities that enter into the activity of a skilled mechanic. Only by scientific study is the educator in a position to do justice to these cases; and such scientific study should be looked upon, in any institution that offers trade or vocational courses, as absolutely essential to the proper projection of the program of training.

Delinquents and criminals, and the groups of specially handicapped or specially gifted children in the schools, including the vocational and part-time groups, offer a laboratory for the demonstration of fundamental principles in the field of preventive sociology. Officials are usually eager to do the right thing. The brains of society are to blame for not demanding a scientific approach to scientific problems. If we entrusted the management of our hospitals to plumbers or shoe merchants or professors of Greek or mathematics, it would hardly be fair to criticize such officials, well-meaning and honest personally as they probably would be, because patients more frequently died than recovered and because surgical technique was disregarded in nine out of ten operations in such hospitals. We must urge that education shoulder its responsibilities in the matter of mental hygiene, thus reaching more of these conduct problems while they are still in their kindergarten stage; and the program must be launched within the boundaries of that great institution which handles thousands of individuals during very important years of life—the public school. Through a well-developed mental-hygiene program, parent, teacher, psychiatrist, and other agencies may join hands in preventing the development of conditions and mechanisms that make necessary many welfare organizations. Some day the public will understand and accept as common knowledge the fact that work with delinquents and defectives, and for that matter with all unusual cases, should be conducted under the direct management of persons specially trained for the job and equipped to understand and apply what modern psychiatry has to offer in the fields of diagnosis, analysis, reëducation, and constructive character building.

SOCIO-PSYCHIATRIC DELINQUENCY STUDIES FROM THE PSYCHOPATHIC CLINIC OF THE RECORDER'S COURT, DETROIT*

THEOPHILE RAPHAEL, M.D., ARNOLD L. JACOBY, M.D.,
WARD W. HARRYMAN, M.D., and MARY M. RAPHAEL

From the Psychopathic Clinic of the Recorder's Court, Detroit, and the State Psychopathic Hospital, Ann Arbor, Michigan

IN view of the greater and greater realization of the socio-psychiatric implications in crime, it was thought that it might prove of interest to undertake and present an analysis of a large local group from this point of view. Although, to be sure, such a venture seemed at the very least distinctly one of temerity and supererogation, in view of the classic reports already presented in this field by such workers as Healy, Glueck, Adler, and Anderson, nevertheless, inasmuch as the local series is very much larger than any of the groups hitherto reported and inasmuch as this study was undertaken from a somewhat different angle in certain respects, it was felt that such a survey report might validly have a place, if only in mass endorsement of previous findings.

The present survey has to do with the material of the psychopathic clinic of the recorder's court, Detroit, organized under the direction of Dr. A. L. Jacoby in 1921. As the recorder's court represents the municipal criminal court of Detroit, with seven presiding judges, and has jurisdiction over all adult criminal offenses—that is, all felonies and misdemeanors, ranging from mere traffic violation to homicide and murder—it affords a much broader acquaintance with the offender group, in relation to society, than might be secured from an exclusively prison population.

---

* Read at the Seventy-ninth Annual Meeting of The American Psychiatric Association, Detroit, June 20, 1923. Published simultaneously with *The American Journal of Psychiatry*. The authors wish to express grateful acknowledgment to Mrs. W. W. Harryman and to Dr. and Mrs. M. A. Gore for valuable assistance in the work of tabulation.

The full long-case material of the clinic, at the time of the beginning of this study, January, 1923, totaled some 2,500 cases and may be considered as essentially representative of the general court offender group, for although technically, for the most part, of (lay) referred type, being referred by the judges, it checked extremely closely with the findings over the very much greater number of routinely examined short cases. This total was sifted through and those cases were selected for study analysis which were determined as of sufficiently complete work-up and which had been bona-fide court cases—that is, cases not referred for special examination from other agencies than the court. This selected number totaled 1,988, 1,509 males and 479 females, including 231 Negroes. The total number studied, therefore, is definitely greater than the groups hitherto reported—over three times as large as the group studied by Glueck[1] at Sing Sing, and twice as large as that reported from the Boston municipal court by Anderson.[2] Our analysis, in addition, includes special comparative studies of the female and Negro units.

On a percentage basis, 75.9 per cent of our cases were males and 24.1 per cent females, with 11.6 per cent Negroes, indicating, for the sexes, as compared to the homologous age group for the municipality (adults over twenty-one in Detroit, 1920 census), a ratio of 7.5 to 2.4 in the court group as compared to 3.6 to 2.7 in the general population, there being 36.2 per cent adult males in Detroit as compared to 27.8 per cent adult females. For the Negro, the ratio of males to females was somewhat higher—8 to 2. Of course, this comparison as to age groups between the crime material and the general population is, technically, only approximate, but nevertheless inference, even with this qualification, is quite apparent and quite in keeping with reported statistics upon other criminal groups.

As regards the Negro fraction, further, a striking contrast appears as compared to the general Negro population of

---

[1] *A Study of 608 Admissions to Sing Sing Prison*, by Bernard Glueck, M.D. MENTAL HYGIENE, Vol. 2, pp. 85-151, January, 1918.

[2] Cited in *Mental Disease and Delinquency*. MENTAL HYGIENE, Vol. 3, pp. 177-98, April, 1919.

Detroit—a ratio of 11.6 per cent in the court group to 4.1 per cent in the general population; and while of course this figure is open to the same objection as that brought out in connection with adult male and female groups—that is, that the age distribution in the court and in the population may not be altogether homologous—and to the further objection that the Negro, as a result of prejudice, may be more subject to arrest, yet even with such qualifications, it is readily apparent that this group is, at the very least, distinctly over quota in representation in the crime unit.

The criteria actually utilized in this analysis, aside from those already brought into view, were the ages of crime commission, in age increments of 10; personal nativity; parental nativity; heredity; family situation; domestic situation; civil status; somatic status; personality type and general habit reaction; occupation; education; charges preferred; disposition; intellectual endowment; psychiatric status; and finally recidivism. All were studied in terms of total, sex, and color. The data thus secured are presented below in the order given.

First, as regards the ages of crime incidence, for the total it was found that 15.3 per cent of the offenders examined were between seventeen and twenty, 38.5 per cent between twenty-one and thirty, 27.5 per cent between thirty-one and forty, 11.5 per cent between forty-one and fifty, and 7.2 per cent over fifty-one. The specific groups parallel (Table 1) this general ratio quite definitely, the only gross deviation being the indication of a somewhat lower age predilection in females and Negroes. For the whole, the greatest incidence appears in the 21-30 group, with the 31-40 and 17-20 groups second and third, as might be expected and rather strikingly

TABLE 1.—AGE OF CRIME COMMISSION OF 1,988 OFFENDERS REFERRED TO THE PSYCHOPATHIC CLINIC OF THE RECORDER'S COURT, DETROIT

Age	*Per cent of total*	*Per cent of males*	*Per cent of females*	*Per cent of Negroes*
17–20	15.3	15.0	17.6	19.7
21–30	38.5	36.2	40.8	40.8
31–40	27.5	28.7	25.5	25.9
41–50	11.5	12.4	10.9	8.8
Over 51	7.2	7.7	5.2	4.8
	100.0	100.0	100.0	100.0

in agreement with Glueck's findings, his average age being reported as twenty-five for his group of male prisoners.

As to nativity, with the adult foreign-born population in Detroit estimated at 40.1 per cent in the census of 1920, and the native born of foreign parentage 25.7 per cent, our figures showed 33.3 per cent of the crime group to be foreign born and only 17.5 per cent to be native born of foreign parentage. Thus both groups fall very well within quota as allowed by the general-population statistics, a point definitely in favor of immigrants and individuals of foreign parentage who, in spite of the definitely admitted strain attendant upon recent and radical milieu shift, nevertheless—so far as regards crime, at least—manage to keep extremely well within their population fraction quota. This, it might be mentioned, is in thorough accord with Glueck's findings, he having determined 35 per cent foreign born in his Sing Sing group, an institution that drains from a general population containing a somewhat higher percentage of foreign born than native born. As might have been anticipated, a somewhat higher ratio of females to males occurred in the foreign-born Detroit crime group as compared to the general population, the ratio of foreign-born females to males being 2 to 3 as opposed to 1 to 2, in the adult foreign-born general-population group.

In the foreign group, further, there were twenty-eight countries represented as compared to twenty-four in Glueck's material. The outstanding nationalities were the Poles, Canadians, and Austro-Hungarians, in per cents to the total of 23.9, 14.6, and 10.9, contrasting strikingly—as a result, probably, of differences in local conditions and situation—with Glueck's findings, in which these groups were reported in per cents of 0.0, 1.9, and 8.4. The nationalities predominating in his group were the Italians, Russians, and Germans, in per cents of 31.9, 27.2, and 11.7 respectively. These nationalities were but negligibly represented in our group, yielding per cents of 4.0, 6.0, and 7.0 respectively.

From the standpoint of familial influence, first as regards heredity, 14.1 per cent of our cases were found to show neuropsychiatric heredity of definite clinical valence in the parents and grandparents, and 20 per cent showed evidence in the immediate ancestry of constitutional conditions of blastophoric type—tuberculosis, heavy alcoholism, and syphilis. Both of these figures would undoubtedly be higher were it not for a certain difficulty encountered in securing complete anamnesic data in this field.

As regards the immediate family situations, it was found that in 41.7 per cent of the case total, the family situation was definitely unfavorable in the sense of attendant poverty, disease, dissolutism, disagreement, desertion, lack of training, and social disadvantages for the offenders, and early abandonment, by the latter, of the family circle. The specific groups run parallel save for a somewhat higher incidence in the females (44.5 per cent as compared to 39.2 per cent among the males) and lower (33.9 per cent) in the Negroes, explainable, perhaps, in the latter case, by the fact that distinctly less satisfactory anamnesic data were securable in this group.

As to the domestic factor, this was found to be definitely abnormal, in the sense of present poverty, ill health, dissoluteness, disagreement, divorce, or unemployment, in 39.6 per cent of the total, with a consistent paralleling for the specific groups (Table 2), save for indication of definite predominance in females and Negroes, as might have been expected also and as is checked up, for the former at least, by the separation-divorce figures, there having been determined a 20.1 per cent divorce rate in the female representation as opposed to 10.3 per cent in the male group—that is, just twice as great. This supplies a striking contrast with the situation that obtains in the general-population group, where for individuals over fifteen years of age 0.8 per cent of the females and 0.6 per cent of the males are of this status. Glueck, it is of interest to note, found only 0.3 per cent of his Sing Sing cases to be divorced.

TABLE 2.—INCIDENCE OF ABNORMAL DOMESTIC SITUATIONS AMONG 1,988 OFFENDERS REFERRED TO THE PSYCHOPATHIC CLINIC OF THE RECORDER'S COURT, DETROIT

Per cent of total	39.6
Per cent of males	35.6
Per cent of females	53.6
Per cent of Negroes	45.3

Further, as regards civil status, of the total in the crime group 46.3 per cent were found to be single, 36.1 per cent married, 12.3 per cent divorced or separated, and 5.5 per cent widowed. Of the males 49.2 per cent were single and of the females 34.0 per cent, showing, as compared to the general population—where 35 per cent of males are single and 27.3 per cent of the females—a striking contrast, 14.2 per cent above the single quota on the male side and 6.7 per cent on the female. That is, in the crime group there was an over-quota of single and separation-divorce types.

In the matter of physical status it was found that in only 8 per cent was there less than average good health—that is, ill health of such a degree as to represent an actual effective social handicap—a figure somewhat less than Anderson's—33 per cent.[1] A venereal incidence of 21 per cent was determined, with 8.8 per cent syphilis, approximating the normal range, rising, of course, distinctly higher for the Negroes—35 per cent as compared to 21 per cent for the total, with 21.7 per cent syphilis as compared to 8.8 per cent for the total.

In the matter of general personality reaction and habits, definite abnormality was found in 67.7 per cent of the total, represented by unequivocally abnormal instability, irresponsibility, irregularity, inadequacy, alcoholism, drug addiction, sexual looseness, and other social vices. The males showed a percentage of 69.4 and the Negroes of 62.9 as compared to only 58.2 per cent in the females. These figures are extremely high and most suggestive. As might be expected, also, from these figures, the female group showed an extremely high percentage of associated sex delinquency—41.7 per cent—well in keeping with the findings for our female group in the other respects, such as crime-age, family and domestic situations, divorce, and, as will be pointed out later, education and native intelligence.

As to occupation, it is interesting to note that the labor group comprises 48.6 per cent of the total, those in trades 50.4 per cent, and the professions only 1 per cent, with an entire absence of professional representation in the Negro group; again figures strikingly suggestive, indicating the practical dearth of higher occupational types in the crime population and agreeing substantially in this regard with Glueck's findings. Of our group, further, it is roughly estimated that about 60 per cent had been unable to maintain a continuously satisfactory or normally self-supporting level.

---

[1] "A Study of the Physical Conditions of One Thousand Delinquents Seen in Court", by V. V. Anderson, M.D., and C. M. Leonard. *Boston Medical and Surgical Journal,* Vol. 178, pp. 803-7, June 13, 1918.

As regards education, the situation obtaining may be readily determined from Table 3.

TABLE 3.—EDUCATIONAL ATTAINMENT OF 1,988 OFFENDERS REFERRED TO THE PSYCHOPATHIC CLINIC OF THE RECORDER'S COURT, DETROIT

	Per cent of total	*Per cent of males*	*Per cent of females*	*Per cent of Negroes*
No education	10.1	10.1	9.6	18.4
Up to fifth grade	31.0	30.8	33.8	43.0
Between fifth and eighth grade	44.0	43.4	44.8	31.3
High school	13.6	14.1	11.4	7.3
College	1.3	1.6	0.4	0.0
	100.0	100.0	100.0	100.0

These figures are extremely suggestive. Thus, as compared to the adult illiteracy figures in Detroit—4.6 per cent—we have our finding in this regard, in the offender group, of at least 10 per cent and more accurately perhaps about 20 per cent, as a great many in the fifth-grade-and-under group were undoubtedly considered illiterate for census purposes. The majority of the total appear to have had less than an eighth-grade education and, in the Negro group, the majority had less than five grades, with the illiteracy rate approximately 35 per cent. The females show a somewhat lower percentage of high-school and college types than do the males. Compared to those for the general population, these figures show a striking contrast when it is recalled that, according to Goddard's[1] figures, only 67 per cent of the general population do not complete the eighth grade while the percentage in our group was 85.1 and for the Negroes 92.7. The local crime group, therefore, appears a definitely undereducated one, as might be expected, bearing out previous findings by Glueck and the workers at the Boston municipal court.

In summary, then, on the socio-medical side, the offender group appears very definitely handicapped in all fields. This has been indicated by other workers, but is definitely displayed here on the basis of a much larger group total than any previously reported and in itself sufficiently large to warrant entirely valid induction. That is, this group represents an element not specifically handicapped, but severally or entirely handicapped and in the various social fields—mired, as it were, in the slough of defect, deprivation, and maladjustment, rendering it most difficult to conceive how any other reaction could have been expected in the specifically legal field.

---

[1] *Human Efficiency and Levels of Intelligence*, by H. H. Goddard. Princeton: Princeton University Press, 1920. p. 114.

As to charges made, in this analysis we have utilized Glueck's schema, classifying offenses on the basis of those dependent upon acquisitiveness, pugnacity, and sex, and including in addition a fourth group of our own, the negligence group, comprising those offenses, mainly of minor type, not accommodated specifically by Glueck's triad, and as a matter of fact not indicated in his material, it being of a distinctly different type—that is, comprised of definitely sentenced criminals as compared to ours, which was made up entirely of arraigned offenders, many of but lesser degree. According to this classification, the charges group themselves as shown in Table 4. These figures are on the whole in essential agreement with Glueck's and seem to follow in parallel for the specific groups, save that the Negro unit appears to predominate in crimes based on acquisitiveness and pugnacity.

TABLE 4.—TYPES OF OFFENSE CHARGED AGAINST 1,988 OFFENDERS REFERRED TO THE PSYCHOPATHIC CLINIC OF THE RECORDER'S COURT, DETROIT

	Per cent of total	*Per cent of males*	*Per cent of females*	*Per cent of Negroes*
Acquisitiveness	32.6	33.3	26.0	36.8
Pugnacity	23.8	23.0	26.7	31.6
Sex	13.6	13.4	14.2	10.6
Negligence	30.0	30.3	33.1	21.0
	100.0	100.0	100.0	100.0

As regards the dispositions made of these cases, the percentages determined are presented in Table 5.

In this table the percentage of probations stands out gratifyingly high (33.7 per cent), representing, in fact, the majority disposition, although on the other hand, as a close second, we have the sentenced group (31.1 per cent). Yet in comparison to the total, the latter figure is not unreasonably high, if one bears in mind the fact that these offenders, although possibly unfortunate, nevertheless have become involved in legal toils and must be expected in a general way, in the absence of very specific indication to the contrary, to be dealt with in accordance with precedented legal procedure. The percentage of dismissals and other unsupervisional dispositions is very low, totaling only 15.7 per cent. This indicates a most promising tendency—that is, conscientious effort on the part of the court toward the thorough study of court material, with an earnest attempt at optimal socio-legal disposition. It might be mentioned, however, that hospital disposition is rather low (3.7 per cent), indicating, if any improvement may be suggested as to dispositional policy, that this schedule might be given more attention, particularly since, as will be seen from the results of our psychiatric analysis, over 14 per cent of those examined were definitely insane and, of the insane group, a distinctly high percentage were found to be recidivistic.

TABLE 5.—DISPOSITIONS OF 1,988 OFFENDERS REFERRED TO THE PSYCHOPATHIC CLINIC OF THE RECORDER'S COURT, DETROIT

	Per cent
Probation	33.7
Sentenced	31.1
Disposition not determined	15.8
Suspended sentence	8.8
Mental hospital	3.7
Fined	3.5
Case dismissed	3.4
	100.0

As to accord between clinical recommendation and actual court disposition, this occurred in the ratio of 1.8 to 1—that is, roughly, for every one recommendation rejected, two were accepted. Moreover, this ratio appears, in the later cases of the clinic, to represent a much higher figure than this, and one even greater when compared to the earlier cases of the clinic, while the latter was still in its preliminary or orientational phase, a finding most gratifying, indicating, locally at least, a closer and closer approximation and unity of interest and policy between the purely legal and the medico-social viewpoints.

From the standpoint of psychiatric status, first, in the matter of phrenic or intelligence level, the figures determined are shown in the following table:

TABLE 6.—INTELLIGENCE LEVEL OF 1,988 OFFENDERS REFERRED TO THE PSYCHOPATHIC CLINIC OF THE RECORDER'S COURT, DETROIT

	Per cent of total	*Per cent of males*	*Per cent of females*	*Per cent of Negroes*
Superior (mental age 15+ years)	8.3	8.7	4.0	0.8
Average (mental age 11.6–15 years)	39.5	42.2	33.8	24.3
Inferior (mental age 8–11.6 years)	33.4	32.3	34.1	34.0
Feebleminded (mental age under 8 years)	18.8	16.8	28.1	40.9
	100.0	100.0	100.0	100.0

Of interest in this table is the magnitude of the combined inferior-feebleminded group—52.2 per cent of the total group and 74.9 per cent of the Negroes. The percentage is also much higher for the females than for the males, checking up well with the educational findings previously given. Direct comparison with the general population is difficult, as scientifically accurate estimation of the intellectual-inferiority ratio to the general-population group is practically impossible. Nevertheless, fairly valid estimates have been made, indicating that the percentage of feeblemindedness in the general population varies from only 0.2 per cent to 2 per cent, furnishing a striking contrast with the findings in our group. This contrast is further borne out on the basis of the army tests,[1] only 25 per cent in the army group falling below 12 years of age, as compared to our 52.2 per cent; a distinct stigma, then, as regards the court group. The incidence weighting for the whites appears to fall on the average group and for the Negroes on the feebleminded group, factors both obviously of very great importance. Further, the percentage of superiors in our group is definitely lower than that determined for the general population[1]—8.3 per cent for the former as compared to 13.5 per cent for the latter.

---

[1] *Human Efficiency and Levels of Intelligence,* page 114. See note 1, page 459.

In the matter of actual psychiatric status, a total deviation of 77 per cent was determined, with 14.8 per cent of the psychiatric-deviation group actually psychotic or insane; the latter percentage is satisfactorily in agreement with Glueck's findings, but the former is distinctly above his figure—60 per cent—and the Boston figure, 45.6 per cent. The actual per cents determined are given in Table 7.

TABLE 7.—PSYCHIATRIC DEVIATIONS AMONG 1,988 OFFENDERS REFERRED TO THE PSYCHOPATHIC CLINIC OF THE RECORDER'S COURT, DETROIT

	Per cent of total	*Per cent of males*	*Per cent of females*	*Per cent of Negroes*
Dementia præcox	5.4	5.9	3.5	5.5
Manic-depressive psychosis	1.7	1.7	1.9	0.05
Paranoid state, undifferentiated	0.04	0.02	0.07	0.05
Alcoholic psychosis	1.5	1.3	2.3	0.1
Alcoholic deterioration	11.3	12.3	8.9	0.8
Central nervous system syphilis*	3.3	3.1	3.8	6.7
Senile or cerebral deterioration psychosis	1.8	1.8	1.9	0.0
Epileptic psychosis	1.1	1.1	1.1	1.0
Constitutional psychopathic inferiority	36.8	37.7	34.2	14.7
Psychoneurosis	2.7	2.1	5.4	3.1
Psychosis with drug addiction	1.6	1.6	1.5	1.6
Undiagnosed	9.7	10.5	6.6	12.8
	76.94	79.12	71.17	46.40

* Not including tabes without psychosis.

Of especial interest in our findings as to psychiatric status and intelligence level are the high rates for psychopathic personality (36.8 per cent) and mental deficiency (52.2 per cent), with 18.8 per cent actually feebleminded, the latter agreeing fairly well with Glueck's figures. A great many of these latter cases, it should be noted, were found to show psychiatric deviation in addition and for this reason were considered under both groups. Of interest, too, are the facts that the alcoholic psychoses occurred mainly in females, that the greatest proportion of the syphilitic cases occurred among Negroes, and that the psychoneurotic cases were found mainly among Negroes and females, whereas the incidence of dementia præcox was highest among males.

As regards recidivism, the total recidivist per cent was 44.6 per cent, with males 48 per cent, females 36 per cent, and Negroes 39.3 per cent, figures that are more or less parallel, with the exception that the male recidivist seems distinctly more numerous than the female and the total recidivist figure higher than that for the Negro. Our finding is definitely lower than that determined by Glueck, who found the recidivist group to total 68.8 per cent in spite of the fact that his criterion was more rigid than ours, only those who had served previous sentences being considered, whereas, in our series, all those were included who had been previously arrested, sentenced or not. The interpretation of this discrepancy is difficult, but possibly may be conceived as in some measure dependent upon differences due to local conditions, which must always be taken into account, and also upon the fact that our group much more closely resembled the general population, a great many of our offenders being charged with offenses of a very minor sort, whereas Glueck's were distinctly of the prison-felon type. Further, possibly, in explanation of this difference is the fact that New York State is older in scientific crime handling, and so may possess greater facilities for checking up with reference to the determination of previous sentences, particularly in this instance, since Glueck's population was distinctly a prison population. With these qualifications in mind, however, our findings

TABLE 8.—RECIDIVISM ACCORDING TO MENTAL STATUS AMONG 1,988 OFFENDERS REFERRED TO THE PSYCHOPATHIC CLINIC OF THE RECORDER'S COURT, DETROIT

Condition	*Per cent recidivist*
Inferior	49.7
Feebleminded	41.3
Dementia præcox	14.1
Manic-depressive insanity	40.0
Paranoid state, undifferentiated	0.0
Alcoholic psychosis	45.4
Alcoholic deterioration	63.2
Neuraxial syphilis *	61.7
Senile or cerebral arteriosclerotic psychosis	40.7
Epileptic psychosis	62.5
Psychopathic personality	31.3
Psychoneurosis	20.5
Psychosis with drug addiction	56.5
Undiagnosed	27.3

* Not including tabes without psychosis.

appear to agree rather well with Glueck's and the Boston figures. In the psychoses the occurrence of recidivism is very instructive, as may be seen for Table 8, emphasizing the greater need for extension in hospital or other more permanent (and supervisional) custodial disposition for psychotic offenders, and code changes to permit more adequate segregation of those psychiatrically deviant, but not actually insane, particularly the psychopathic personalities and the intellectually inferior.

Conclusion

In summary, on the basis of the case analysis of 1,988 offenders of all degree examined at the psychopathic clinic of the recorder's court, Detroit—composed mainly of the lay-referred type, but still on the whole distinctly a representative unit as compared to the general court offender group—a high rate of psychiatric and phrenic deviation was determined, with high incidence of recidivism, largely substantiating, in a general way, the reports of other workers upon other, but smaller groups and showing, further, a very gratifying degree of unity as concerns the legal and socio-medical mechanisms, with, however, need for further improvement in certain respects, as mentioned. There was shown, in addition, low foreign, but heavy male and Negro representation in offense and a general parallel behavior as regards the specific groups, males, females, and Negroes, save for evidence of apparently greater social and intellectual handicap and deviation in the latter two, with indication also of an earlier age incidence in crime commission. And finally, on the basis of the medico-social criteria analyzed, it appears that in most cases crime, as concluded by so many other workers, is definitely not a specific legal, psychiatric, or social entity, static and unorganic, but rather a reaction or manifestation, dynamic and vital, in, of, and on the societal mass, representing, so to speak, merely a pattern shift, and one always highly potential, in the kaleidoscope of broad individuo-social handicap, hardship, and maladjustment, and, in corollary, clearly demonstrating that all prophylactic and remedial endeavor must be conceived and directed from this point of view.

THE SIGNIFICANCE OF INTEREST FOR VOCATIONAL PROGNOSIS*

DOUGLAS FRYER, PH.D
University of Utah

IN entering upon a consideration of the subject *interest* or *interests,* one is immediately struck by the fact that the term, as it is used in the writings of the numerous investigators in this field, has two meanings, one referring to a psychological capacity and the other to a material quantity.

Interest as a material quantity may be designated as the objects of interest—property, people, stocks and bonds, capital in the form of principal and interest—all such material quantities considered by the science of economics.[1] In addition to these material quantities, the capacity for consumption and for purchase may be objects of interest, particularly for the salesman. Other things not usually recognized as objects of interest are ideas, copyrighted or patented or secretly treasured from the world. The objects of interest for the draftsman are not only his drawing board and his tools, but also his technique; for the teacher, not only his books, his pupils, and his experimental apparatus, but also his pedagogy—and his prestige!

A classification of the objects of interest has never been inductively attempted. A grouping into three categories has been made by some: people, things, ideas. Another classification might be made, dividing all objects, both abstract and concrete, into mechanics and humanics.

---

* Originally presented before the Vocational Guidance Section of the Tenth Annual Convention of the Vocational Education Association of the Middle West, January 18, 1924. The writer acknowledges indebtedness to the following for assistance in the collection, assembling, and checking of data used in the preparation of this paper: Caroline Cannon, University of Utah; Lorine Pruette, University of Utah; Heber G. Harrison, University of Utah; David C. Rogers, Smith College.

[1] See note 1, page 496. The notes in this article are of such length that they have been placed together at the end of the article (pp. 496-505) instead of being run as footnotes.

In a study of interest, it is with the objects of interest that we are concerned. It does not seem possible to make a psychological measurement of interest. Interest capacity has never been measured. We interpret interest capacity through a measurement or estimate based upon the objects of interest, the material quantity. Such is a measure of stimulus and response and is physical datum. Any one who uses the results of the measurement of the objects of interest as a measurement of interest capacity is making what has been called the stimulus-error.[2]

Judgments of interest would appear to be comparable data to measurements of the objects of interest,[3] whether made by the subject himself or by other individuals, in so far as they are based upon the objects of interest.

It is with judgments of interest by the subject for counselor that the vocationalist is concerned. He wishes to know their value for guidance. It is with this problem in vocational guidance—the significance of interest for vocational prognosis—that this paper deals.

The Permanency of Vocational Interest

If we knew that the objects of vocational interest have a considerable degree of permanency throughout life or from period to period, and that these objects of interest are those through which the individual will find his ablest expression, then we should have in the vocational ambition an important index, a significant criterion, for vocational guidance. If this were the case, no other criterion than interest would be required for exact prognosis.

The question whether or not interest presupposes ability in line with the objects of interest would become of greater importance if it could be shown that vocational interests have any significant degree of permanency. Of course, interest and ability may be associated even though the objects of interest do not remain permanent, but interest would be less significant as a criterion of vocational guidance if it were known that its objects are likely to change.

The degree of permanency of the objects of vocational interest can be made the subject of case study and measured in two ways: first, by sampling vocational ambitions at various developmental periods and determining what degree of functional vocational likeness persists throughout; and, second, by a comparison, from the point of view of their requirements upon ability, of the vocational ambitions expressed at various periods. Another method of measuring the permanency of vocational ambitions is to determine the number of *different* vocational ambitions expressed throughout the developmental periods of life. These three methods have been used in the present experimental study of the permanency of vocational interest.

In an investigation of vocational ambitions carried on among a group of 65 young men and women in a Western college,[4] a genetic study was made of the permanency of the objects of interest. Those individuals who expressed, for a given development period, a vocational ambition that was found also in another period were rated as having a permanency of 100 per cent between those two periods. Vocational ambitions were rated as permanent between periods when they fell into the same broad occupational groups, there being a total of 32 groups for all occupations, classified according to individual occupational function.[5] The per cent of permanency of vocational ambitions between development periods secured by the use of this method was as follows:[6]

Developmental period	*Per cent of permanency*
Grammar school and high school	90
High school and college	83
Grammar school and college	73
Grammar school, high school, and college	63

It will be noted that 63 per cent of the cases had one vocational ambition—that is, that their ambitions fell into the same broad occupational group—in each of the three periods. To test out whether or not the numbers of vocational ambitions expressed for the various periods were influential in these results—there being on the average 4.5 interests per individual expressed for the grammar-school period, 3.3 for the high-school period, and 2 per individual for the college period—a check method of computation of permanency of interest was devised, in which the results were based upon the number of possible vocations for the development periods.[7] Throughout the grammar-school, high-school, and college periods a consistency of vocational ambitions within broad occupational groups was found to exist to the extent of 45 per cent of the cases.[8] This would suggest a lower percentage of permanency between the various periods than was found to exist by the more generous method of computation. It would appear that for the group in question the degree of permanency of vocational ambitions, broadly classified into occupational groups, is something between 45 and 63 per cent, possibly about 54 per cent, throughout the grammar-school, high-school, and college periods.

Our second measure of the permanency of vocational ambition is based upon the consistency, in various developmental periods, of its requirements upon intelligence. It has been possible, by means of occupational-intelligence standards,[9] to rate occupational ambitions according to the average intelligence of the individuals working in the occupations represented by the ambitions, and to compare the ambitions for various developmental periods upon the basis of their demands upon intelligence.

In this comparison, the correlation coefficient is used as the measure of relationship. The correlation coefficient is a measure of relationship that takes into consideration the exact relation of the two factors for each individual case, instead of grouping the cases, as percentage distribution does. The two factors that are correlated here are the intelligence requirements of the vocational ambitions for one period and the intelligence requirements of the vocational ambitions for another period. As the two factors move forward together, the relationship is expressed in plus decimals of one, a perfect resemblance being + 1.0, no resemblance or chance resemblance being zero. The consistency of vocational interest for the various developmental periods, based upon the intelligence requirements of the vocational ambitions for those periods,[10] is expressed by the following correlation coefficients:[11]

Between grammar school and high school........$r = +0.24$ (±.0774)
Between high school and college................$r = +0.61$ (±.0610)
Between grammar school and college............$r = +0.03$ (±.0806)

On the basis of these figures, a revision of our estimate of the permanency of vocational interest is necessary: between high school and college there appears a consistency to the extent of six-tenths of a perfect relationship; between grammar school and high school to the extent of one-fourth of a perfect relationship; but between grammar school and college no relationship exists.

Of course this method of measurement does not take into consideration the existence, in the same functional group, of two occupations, one low and the other high on the scale of intelligence requirements, two in the same vocational-advancement series, but at opposite ends on this scale. This would indicate that neither method of measuring the permanency of interest tells the whole story, but that the results of both must be considered in drawing conclusions as to the permanency of vocational interest.

The next investigation was concerned with the vocational ambitions of a group of 67 students in an Eastern college for women.[12] The same methods of study were used and the results may be reviewed briefly. The percentages of permanency for the three developmental periods, by the more liberal method of rating, were as follows:[13]

Developmental period	*Per cent of permanency*
Grammar school and high school	64
High school and college	63
Grammar school and college	41
Grammar school, high school, and college	30

Here we find a somewhat lower degree of permanency than in the first group—only 30 per cent consistency throughout the three developmental periods as compared with 63 per cent for the Western-college group. We have an indication here that groups differ and that our conclusions as to permanency of interest must be based upon the findings of a number of studies.

The check method applied to the vocational ambitions of this Eastern-college group in the three developmental periods brings a result of 24.5 per cent permanency.[14] It would appear, then, that for this group the degree of permanency of vocational ambitions is approximately 27 per cent throughout grammar school, high school, and college.

Applying the second measure of permanency, based upon the intelligence requirements of the vocational ambitions in the various periods and secured by means of the correlation coefficient, we get the following results:[15]

Between grammar school and high school......r = +0.52 (±.0715)
Between high school and college................r = +0.51 (±.0715)
Between grammar school and college............r = +0.14 (±.0944)

These figures indicate the same general relationship between the intelligence requirements of the vocational ambitions for the various periods as was found in the Western-college group.

Conservative statistical practice does not consider the correlation coefficient significant if it does not approximate four times the probable error, which we have stated in parentheses after each correlation.[16] Viewed thus, the measure of relationship between grammar-school and college vocational ambitions must be considered as approximately zero, as in the Western-college group.

The third investigation of vocational interest was carried on among a small group of advanced students in a branch of vocational education.[17] The per cents of permanency of vocational interest, for the various developmental periods, by the liberal method of computation, was as follows[18]:

Developmental period	*Per cent of permanency*
Grammar school and high school	40
High school and vocational school	40
Grammar school and vocational school	73
Grammar, high, and vocational school	33

Among these students of advanced vocational education the highest degree of permanency is found between the grammar-school and the vocational-school periods. It would seem that the individuals of this group returned to an earlier vocational ambition in choosing to teach domestic science, the vocation for which they were in preparation. It will be interesting to note whether or not the highest correlation of intelligence requirements is found for these two periods.

The check method brought the result of 17 per cent permanency[19] for the three periods, grammar school, high school, and vocational school, indicating, during these three periods, a considerable fluctuation of vocational interest. Although in a high percentage of the cases there may have been a return to a vocational ambition similar to that of the grammar-school period upon entrance to vocational school, the degree of permanency throughout the period from grammar school to vocational school is probably about 24 per cent for these cases.

The second measure of permanency, based upon the relation of the intelligence requirements of the vocational ambitions for the various periods, gives the following result:[20]

Between grammar school and high school........$r = +0.46$ ($\pm .1131$)
Between high school and vocational school........$r = +0.08$ ($\pm .1493$)
Between grammar school and vocational school....$r = +0.56$ ($\pm .0965$)

As before, the highest degree of permanency of vocational interest—a relationship of about six-tenths of perfect—is found between the grammar-school and the vocational-school periods.

For this group, early interests, the vocational ambitions of the grammar-school period, appear symptomatic of adult interests, the vocational ambitions of the advanced vocational school. The individuals composing this group, however, shifted their ambitions to a considerable degree between the grammar-school and the vocational-school period, as measured on the basis of intelligence requirements and on the basis of occupational likeness. This fact makes impossible the conclusion of a high degree of permanency over a long period in these individuals.[21]

In an investigation of the vocational interests expressed by a group of 36 grammar-school students, Poull[22] offers data comparable to that reported here.[23] A questionnaire investigation of vocational ambitions was made in a sixth grade at two different periods, six months apart. In 44 per cent of the cases the first choices remained unchanged after the period of six months had elapsed; in 12 per cent, the only change was in the order of the three choices originally given; 44 per cent made new choices within the six-months period.

There is a possibility that these percentages of permanency of interest might have been slightly lower if the choices had been secured without the use of a suggestive list of occupations. That during a period of six months the vocational interests of this grammar-school group changed to the extent of 50 per cent is a significant indication of the instability of interest in these students.

During several years' experience in a vocational office, the present writer repeatedly tested the theory of the permanency of the objects of vocational interest by means of case-history studies. Most of these case histories are illuminating in the variability, fluctuation, and breadth of vocational interest that they display. For the purpose of obtaining an index of the fluctuation of vocational interests, and thereby an indirect measure of their permanency, 145 case histories were summarized and assembled for study. The number of *different* vocational ambitions expressed by the individual throughout the period of the case history, which usually included recollections reaching back as far as dawning adolescence and continuing to adulthood, was used as the measure. The following summaries, selected at random from among the group that had the average number of vocational ambitions, are typical:

> *Case No. 1.*—M. R., age 18; Alpha score, 155. Different vocational ambitions: policeman, business man, lawyer, doctor, engineer, chemist. This subject plans now to follow a medical career.
>
> *Case No. 2.*—M. H., age 20; Alpha score, 150. Different vocational ambitions: school teacher, store clerk, actress, concert pianist, domestic-science supervisor, senator. Regarding vocational plans, this subject states: "I wish to become a teacher after my work at the university, although I have no great desire for that particular work."

There is in these case summaries an indication of considerable breadth of vocational interest throughout adolescence. This condition must be construed as the opposite to that of permanence of vocational interests.

The numerical results of this investigation[24] show an average (median) of six vocational ambitions, the smallest number being one and the largest thirteen. The range of the middle 50 per cent is four to seven, inclusive. A distribution of the number of interests follows:[25]

Number of different interests	*Number of cases*
1–4	52
5–8	75
9–13	18
1–13	145

Of course, there is the probability that a certain percentage of the interest expressions of an individual have a common element in occupational likeness. This matter has been dealt with elsewhere.

It is much more difficult to use the vocational ambition as predictive of future ambitions than to follow a common element through a case history. The following case-history summary well illustrates the difficulty of estimating the significance of a vocational ambition at any time, even though a common element may be found to exist through most of the different vocational interests when the case history is viewed as a whole:

> *Case No. 3.*—F. D., age 21; Alpha score, 130. Different vocational ambitions: Indian fighter, fireman, cowboy, policeman, salesman, auto racer, air pilot, mechanic, business man. This subject plans to become a salesman of wholesale dry goods.

A wise counselor might have "steered" this individual into the vocation of salesman, but he would have placed little value upon a particular vocational ambition as indicative of future interest.

This investigation—with its demonstration of the fluctuation of vocational interests throughout adolescence, and of the impossibility of estimating at any time whether the interest expression is significant or has a common element with the interest expressions of other periods—places the situation before us in a practical way. It shows the "will-o'-the-wisp" nature of vocational ambitions as prognostic for the future.[26, 27] The following case-history summaries illustrate the fluctuation of vocational interests during adolescence and the difficulty of using such interests for vocational guidance:

> *Case No. 4.*—H. F., age 20; Alpha score, 131. Different vocational ambitions: home-maker, store clerk, tutor, high-school teacher, dressmaker, stenographer. This subject has two vocational plans for the future: teacher in high school, tutor of public speaking.

Case No. 5.—B. R., age 21; Alpha score, 142. Different vocational ambitions: store clerk, housekeeper, dressmaker, nurse, actress, concert singer, concert pianist, artist, writer, teacher, social worker, wealthy idler. This subject plans now to be either a musician, a teacher, or a social worker.

Case No. 6.—D. R., age 19; Alpha score, 181. Different vocational ambitions: nurse, writer, cow-girl, dancer, actress, agent, interior decorator, social worker, teacher. This subject now plans to follow the teaching profession.

Case No. 7.—F. M., age 29; Alpha score, 144. Different vocational ambitions: machinist, salesman, banker, language teacher. This subject now plans to follow language teaching.

Case No. 8.—L. S., age 20; Alpha score, 134. Different vocational ambitions: locomotive engineman, farmer, teacher, dentist, electrical engineer, auto mechanic, mechanical engineer, structural engineer, public accountant, chemist, salesman. This subject is considering as his future vocation public accountancy, electrical engineering, and salesmanship, although he is majoring in the school of commerce and finance, which would eliminate the possibility of entering engineering immediately after graduation.

Case No. 9.—G. S., age 19; Alpha score, 176. Different vocational ambitions: cowboy, policeman, storekeeper, soldier, locomotive engineman, car conductor, teacher, doctor, minister, sailor, musician, business man, lawyer. This subject plans now to be a lawyer.

Case No. 10.—V. J., age 20; Alpha score, 160. Different vocational ambitions: music teacher, actress, school teacher, circus girl, interior decorator, stenographer, auto saleswoman. This subject is now considering the last three vocations listed.

Case No. 11.—M. F., age 24; Alpha score, 155. Different vocational ambitions: doctor, marine engineer, lawyer, musician, journalist. This subject now plans to follow the last vocation listed.

Case No. 12.—F. F., age 25; Alpha score, 161. Different vocational ambitions: teacher, cowboy, prospector, sailor, soldier, railroad engineman, business man, civil engineer, electrical engineer. This subject has a family and is working hard toward the vocational objective of electrical engineering.

Case No. 13.—J. H., age 21; Alpha score, 154. Different vocational ambitions: stockman, artist, business man, architect, engineer, writer, teacher. This subject plans either to teach or to enter business.

It cannot be questioned that generally vocational interests become more stable with age, following the laws of habit formation. The question is: How significant are the vocational interests expressed in different periods and over the long period of adolescence reaching into adulthood? In

Table 1 the results of these investigations upon the permanency of interest are assembled according to the different developmental periods investigated. The percentages and the correlation coefficients are measures of the permanency of the vocational ambitions. The percentages are based upon occupational likeness, the correlation coefficients upon occupational requirements.

TABLE 1. PERMANENCY OF VOCATIONAL INTEREST BETWEEN VARIOUS DEVELOPMENTAL PERIODS

Periods investigated	*Number of cases*	*Per cent*	*Correlation coefficient*
Six months in grammar school........	36	44* 56**	Not computed
Grammar school and high school......	63	90	r = +0.24 (±.0774)
Grammar school and high school......	53	64	r = +0.52 (±.0715)†
Grammar school and high school......	15	40	r = +0.46 (±.1131)
High school and college..............	59	83	r = +0.61 (±.0610)
High school and college..............	57	63	r = +0.51 (±.0715)¶
High school and vocational school.....	15	40	r = +0.08 (±.1493)
Grammar school and college..........	60	73	r = +0.03 (±.0806)
Grammar school and college..........	56	41	r = +0.14 (±.0944)‡
Grammar school and vocational school.	15	73	r = +0.56 (±.0965)
Grammar school, high school, and college	64	63 45§	Not computed
Grammar school, high school, and college	63	30 24.5§	Not computed
Grammar school, high school, and vocational school	15	33 17§§	Not computed

* First choice only.
** Three choices.
† Fifty cases used for computation.
¶ Fifty-four cases used for computation.
‡ Fifty-three cases used for computation.
§ By check method, 59 cases used.
§§ By check method, 17 cases used.

That there should be a higher degree of permanency between the grammar-school and the high-school period than between the high-school and the college period is not in accord with the probable psychological situation. There are two possible explanations as to why it should be so in some of our findings. One is that the knowledge of the objects of interest of these college students, who were of superior intelligence, increased greatly during high school and resulted in a change of ambitions. The other is that these records are in retrospect and the subjects may have given themselves credit for vocational interests in grammar school that did not develop until later. However, in the interpretation that follows, these two developmental periods are accepted as having approximately the same relationship.

Table 2 is an interpretation summary of Table 1, offering vocational-interest-permanency standards for various developmental periods. This material must be regarded as theoretical and treated as the "guess" of the writer. These vocational-interest-permanency standards indicate what probability there is that vocational ambitions will remain permanent from one developmental period to another. It is not probable that a permanency of over 40 per cent will be found from the grammar-school period through high school and into college, considering the occupational ambitions within broad occupational groups. The probable permanency, based upon occupational likeness, is expressed in per cents of cases for the various periods, and based upon the intelligence requirements of the vocational ambitions in the various periods, in correlation coefficients.

TABLE 2.—PROBABLE PERMANENCY OF VOCATONAL AMBITIONS BETWEEN VARIOUS DEVELOPMENTAL PERIODS (INTERPRETATION)

	Expressed in percentages	*Expressed in correlation coefficients*
Grammar school and high school..........	75	+0.4
High school and college..................	75	+0.5
Grammar school and college..............	50	+0.1
Grammar school, high school, and college...	40	....

A high degree of permanency of vocational interest has not been found to exist over a period of sufficiently long duration for the purposes of anything approaching exact vocational prognosis. The interpretation of our investigations, as presented in Table 2, shows a relation, measured on the basis of intelligence requirements for the vocational ambitions, of not above one-tenth of perfect resemblance between grammar school and college. Measured on the basis of broad occupational groups, a relationship of four-tenths is found to exist throughout grammar school, high school, and college.

That there is some degree of permanency of interest must be true. The acquirement of motor and language habits is at its basis. Interests can change only gradually. There will always be some degree of permanency in the objects of interest between different developmental periods of life. Experience in vocational guidance, however, has taught us that the objects of interest are continually changing, shifting, we hope evolving; some vocations are highly desired to-day and others to-morrow. There can be no question but that vocational fads come and go, sweeping over large numbers of young men and women at certain ages, as, notably, the banking fad among women during the World War and the engineering fad among young men of all classes of intelligence.

To attempt a general statement of the significance of the permanency of vocational interests, vocational interests cannot be used as exact guides to future vocational interests; they are only slightly suggestive of such future interests. They are like knowledge of spelling or of geography—soon forgotten if not kept in use. They are more indicative of the past than of the future, and if the future does not use them, they will be forgotten, according to the laws of forgetting, as they have been learned according to the laws of learning.

INTEREST AS A CRITERION OF ABILITY

The study of individuals in the occupations—and hence supposedly more familiar with the requirements of the occupational world than the groups we have been discussing—should give us, theoretically, the most accurate assortment of vocational ambitions that could be obtained, with the possible exception of students in schools for higher vocational training, in which attendance is the natural result of the following up of vocational ambitions, with the unqualified eliminated. To get the most accurate expression of vocational ambitions from individuals in the occupations, some thought should be put upon the matter by the individuals in question and they should be old enough to be mature in their thinking.

To make this test of the prognostic significance of vocational ambitions, several hundred[28] young men, who were already employed, and who had shown evidence of having given some thought to their vocational problems by applying at a bureau in Brooklyn for vocational counsel, were asked, before the counseling process was begun, to state as exactly as possible their vocational ambitions. Such vocational ambitions were given by only 31 per cent of the subjects, indicating that these individuals as a group did not have very definite ideas upon the matter, although their intelligence scores averaged approximately the same as those that would be expected from college freshmen. Those who did not give a definite preference frequently stated that they were unable or unwilling to make a choice on the basis of what they knew of themselves or of the occupational world. These responses are, it will be recalled, from men from whom one would expect a fair knowledge of the occupations.

In view of this fact, the extensive use of detailed self-analysis blanks, asking the very sort of questions on which the applicant himself desires information, is evidently of more than dubious value—is even likely in some cases to arouse a feeling of resentment in the applicant.

Expressions of vocational ambitions were received from 98 individuals, from whom, later in the vocational-counsel process, intelligence ratings were secured.[29] By means of the occupational-intelligence standards,[9] these occupational ambitions were rated according to the average intelligence of individuals working in the particular occupations in question. A comparison of this rating of an individual's vocational ambitions with his intelligence score gives an index of the relation of interest to intelligence.

Taking into consideration these two factors and using a probable error [30] of 1½ years mental age—which allowed for each occupation a mental-age range of 3 years within which an individual's intelligence was regarded as the same as that required by the occupation in question—we found that a frequency distribution of our 98 cases gave the following results:

Forty-one per cent were of *more* intelligence than that required by their vocational ambitions.

Forty-four per cent were of the *same* intelligence as that required by their vocational ambitions.

Fifteen per cent were of *less* intelligence than that required by their vocational ambitions.

In other words, 56 per cent of these 98 individuals will be maladjusted from the point of view of intelligence if they succeed in entering the occupations of their choice.[31]

The correlation coefficient is most striking, and as it is a measure of relationship that takes into consideration each individual case instead of grouping the cases as the above percentage distribution does, it must be accepted as the more significant. The correlation coefficient for the two factors, interest and intelligence, for these cases is + 0.38 (± .058)—about four-tenths of perfect resemblance.

A questionnaire study of two groups of college students in their sophomore year, one group in a Western college[4] and one in an Eastern college,[12] offers us our next line of evidence. From these groups, totaling 132 cases, intelligence ratings and statements of vocational ambitions were secured for the three educational periods—grammar school, high school, and college. These vocational ambitions were rated on the occupational-intelligence scale[9] and a distribution similar to that above was made of the two factors, intelligence and intelligence requirement for the vocational ambition. The same probable error of 1½ years mental age was used.

For the group in the Western college the distribution for the three periods was as follows:[32]

		Period	
Per cent of cases	Grammar school	High school	College
Of *more* intelligence than required by vocational ambition........	88	75	59
Of *same* intelligence as required by vocational ambition........	11	22	38
Of *less* intelligence than required by vocational ambition........	1	3	3

Eighty-nine per cent for the grammar-school period, 78 per cent for the high-school period, and 62 per cent for the college period would have been misplaced in their vocational ambitions, from the point of view of intelligence requirements.

The correlation coefficients given below express the exact relationship between intelligence and the intelligence requirements of the vocational ambitions of the individuals in question for the different periods:[32, 33]

Grammar school .... r = +0.22 (±.0774)
High school .... r = +0.08 (±.0798)
College .... r = +0.056 (±.0798)

All of these correlations are much lower than the one for the group of individuals already in occupations.

These figures suggest a closer relationship between intelligence and interest for the grammar-school period than for the two succeeding periods, while the percentages of those likely to be misplaced on the basis of their intelligence indicated the opposite situation. Neither set of figures offers anything but a high degree of maladjustment for these subjects for all three periods. The relative significance of the three correlations given above is unimportant.

In view of these considerations, we cannot but conclude that vocational ambitions are very nearly worthless guides when it comes to directing these college students, either at the grammar-school, the high-school, or the college period, into the occupations best suited to their intelligence.

The situation is the same or even more pronounced for the Eastern-college group. The percentage distribution of these subjects into three groups according to their intelligence and their vocational ambitions for the three educational periods[34] is as follows:

		Period	
Per cent of cases	Grammar school	High school	College
Of *more* intelligence than required by vocational ambition........	54	57	45
Of *same* intelligence as required by vocational ambition........	39	32	50
Of *less* intelligence than required by vocational ambition........	7	11	5

According to this distribution, 61 per cent in the grammar-school period, 68 per cent in the high-school period, and 50 per cent in the college period would be maladjusted vocationally on the basis of their intelligence if placed in the occupation of their ambition.

The correlation coefficients were as follows:[34, 35]

Grammar school .... r = —0.17 (±.0915)
High school .... r = —0.20 (±.0915)
College .... r = —0.22 (±.0774)

Here are three correlations of almost equal quantity, but of minus or antagonistic relationship. They suggest an unlikeness between the intelligence requirements of the vocational ambitions and the intelligence of these individuals, but as they are less than three times the probable error, they do not demonstrate such an unlikeness. This, however, does not change the significant fact that there is no positive relationship between the intelligence of these subjects and the intelligence requirements of their vocational ambitions.[36]

In studying the vocational ambitions of college students—individuals of very superior intelligence measured by an intelligence scale that is based upon an unselected sample of the population at large—we are dealing with a sociological factor that must not be ignored. These individuals are of an intelligence ability not required by most of the occupations of society. A chance selection of an occupation by these subjects would not be likely to place them in an occupation suited to their intelligence qualifications in much above zero per cent of cases, while with high-school and grammar-school groups, a chance selection should be better according as their position is lower on the scale of intelligence.

That these college subjects were ignorant of the requirements of these vocational ambitions is evident from the results. The Eastern-college group, made up entirely of girls, was particularly so, as might be expected. In addition, there is not for girls the same vocational opportunity for the outlet of ability that there is for boys, which would be a factor in making vocational ambitions less significant guides in their case.

It would seem necessary to conclude that in the case of college students the vocational ambition is not a trusty guide to the selection of an occupation that demands an ability equal to the intelligence of the student in question. There may be other good reasons why these individuals should follow their vocational ambitions, but there seems to be no relation between their intelligence and the intelligence requirements of their vocational ambitions.

It is possible to bring to bear upon this problem of the value of interest data from two outside studies, one by Proctor[37]—an investigation of the vocational ambitions of

930 high-school students—and one by Feingold[38] who made a study of the vocational ambitions of 512 grammar-school graduates[39] at their entrance to high school. These are two of the most significant investigations of this problem that have been published.

The same form of percentage distribution as that previously employed shows that 41 per cent of Proctor's high-school group would have been maladjusted on the basis of their intelligence if placed in the vocations of their ambitions. The distribution is as follows:

Of *more* intelligence than that required by their vocational ambitions	18 per cent
Of the *same* intelligence as that required by their vocational ambitions	59 per cent
Of *less* intelligence than that required by their vocational ambitions	23 per cent

The correlation coefficient shows two-tenths of exact relationship between the intelligence of these students and the intelligence requirements of their vocational ambitions—$r = +0.21$ ($\pm .02$). On the supposition that these high-school students have attained their maximum intellectual ability, we have grounds for concluding that, for high-school subjects, the vocational ambition is suggestive as a guide into an occupation that calls for much the same degree of intelligence as that of the individual in question—much more significant for prognosis than in the case of college students and, it will be seen, slightly more suggestive than for high-school entrants.

Feingold's study of the vocational ambitions of high-school freshmen, graduates from grammar schools in the previous June, gives us a measure of the value of the vocational ambition at high-school entrance. The percentage distribution is as follows:

Of *more* intelligence than that required by their vocational ambitions	7 per cent
Of the *same* intelligence as that required by their vocational ambitions	46 per cent
Of *less* intelligence than that required by their vocational ambitions	47 per cent

Fifty-four per cent of these high-school entrants would have been maladjusted vocationally on the basis of intelligence if placed in the occupations of their ambitions. The correlation coefficients given—for the boys, r = +0.045 (±.042), and for the girls, r = + 0.0987 (± .041)—indicate a lower degree of relationship for this group than for Proctor's subjects.

Feingold contends that his subjects have approximated their adult mental ability. This is probably true for a large per cent of his cases, and to a greater degree for Proctor's subjects. It is not improbable, however, that there were many individuals in these two groups who had not achieved their maximum rating on the intelligence scale.[40] It would be expected, then, that the measurements for these two groups of high-school students would show a slightly lower degree of relationship between intelligence and interests.

One further study—that of students in an institution for vocational training—is needed to round out our conclusions as to the relationship between interest and intelligence. It has been possible to obtain only a small group for this investigation—17 students at an advanced domestic-science school,[17] which usually requires high-school graduation as a prerequisite to registration.

A percentage distribution of these subjects according to the two factors, vocational ambition and intelligence, for the three educational periods we have been considering is as follows:

		Period	
Per cent of cases	Grammar school	High school	College
Of *more* intelligence than required by vocational ambition........	7	20	13
Of *same* intelligence as required by vocational ambition........	67	53	74
Of *less* intelligence than required by vocational ambition........	26	27	13

These results show a larger per cent of adjustment on the basis of the vocational ambitions than has been found before. The correlation coefficients [20] for the three periods follow:[41]

Grammar school ....r = —0.02 (±.1508)
High school ....r = +0.20 (±.1448)
Vocational school ....r = +0.58 (±.0965)

Because of the size of the probable error of the correlation coefficients for the grammar-school and the high-school periods, these coefficients are no more than indicative that in these two periods there was, for this group, no very exact relationship between intelligence and interest.

For the last period, the period of vocational education, when these subjects were in training for positions in the field of domestic science, there is a significant correlation between interest and intelligence. Some of these individuals are known to have attempted college and dropped out.[21] Others were attempting, through further training, to advance their positions in domestic-science work, while others were taking the course as a preparation for home-making. Some of them were known to be ''killing time'' in the school. However, 93 per cent expressed their vocational ambitions as in the field for which they were training—domestic-science work.

Although the total number of cases considered in this investigation is small, it is suggested that, so far as intelligence is concerned, vocational ambitions are significant guides for individuals in advanced schools for vocational education of the type here studied. It would be natural to expect that individuals in training for a particular vocation would be interested in it; it could be assumed that in a large per cent of cases, the individuals who gravitate to such schools are of an ability equal to the work for which they are training. We would, therefore, expect a close approximation of vocational-interest requirements and ability. The value of this is nil, however, as a finding for use in vocational counsel. These individuals have gone through the period of decision; they are in training for their life work, and may be considered *in* their vocation already.

It remains for us to draw together these different findings upon the relation of the vocational ambition to ability as measured by the intelligence test.[42] Table 3 is an assembling of all the studies previously discussed, arranged in order of development periods. It will be recalled that the range within which the vocational ambition is considered a correct choice on the basis of intelligence is 3 years' mental age. The per cent in each group that approximates a correct choice and the correlation coefficients are the measures of the relationship between interest and intelligence.

The question might next be raised: Can we expect individuals of the higher grades of intelligence to make vocational choices more closely approximating their intelligence than individuals of the lower grades? This can be best answered by distributing all the cases presented by this paper—a total of 1,816—into intelligence groups. We have done this in Table 4 in which intelligence groups are expressed both in mental-age terms and in Alpha scores. The probability that individuals in the various intelligence groups will choose vocations adapted to their intelligence is indicated by the percentage of cases in each group whose vocational choices were correct. Here, again, we have considered that an individual chose correctly if his mental age did not lie more than 1½ years above or below the intelligence requirement of the chosen vocation.

TABLE 3.—RELATION BETWEEN VOCATIONAL INTEREST AND INTELLIGENCE IN DEVELOPMENTAL PERIODS INVESTIGATED

Periods investigated	*Number of cases*	*Per cent approximating correct choice*	*Correlation coefficient*
Whole grammar-school period.........	65*	11	r = +0.22 (±.0774)
Whole grammar-school period.........	15†	67	r = +0.02 (±.1508)
Whole grammar-school period.........	54¶	39	r = —0.17 (±.0915)
High-school entrants.................	512§	46	For boys, r = +0.045 (±.042) For girls, r = +0.0987 (±.041)
Whole high-school period.............	63*	22	r = +0.08 (±.0798)
Whole high-school period.............	15†	53	r = +0.20 (±.1448)
Whole high-school period.............	53¶	32	r = —0.20 (±.0915)
Whole high-school period.............	806§§	59	r = +0.21 (±.02)
Vocational-school period	15†	74	r = +0.58 (±.0965)
Middle college period................	60**	38	r = +0.056 (±.0798)
Middle college period................	60¶	50	r = —0.22 (±.0774)
In occupations	98‡	44	r = +0.38 (±.058)
All studies	1,816	49††	Not computed

* Boys and girls, about 50 per cent each. Numerous interests averaged.
** Boys and girls, about 50 per cent of each. Several interest averaged.
† All girls; domestic-science-school subjects.
‡ All men; ages 20 to 30 years.
§ Two hundred and fifty boys and 262 girls.
§§ Boys and girls, about 50 per cent of each; 50 per cent in first year.
¶ All girls.
†† Of theoretical significance only.

It would appear from this distribution that there is some relation between intelligence and ability to select a suitable vocation. This is decidedly the case up to the seventeenth year of mental age, the percentage of those whose intelligence approximates that required by their vocational ambitions markedly increasing from the lowest grade of intelligence up to this period. But, for the seventeenth and eighteenth years, there is a decline. What is the explanation? It would seem to lie in the difficulty that high-grade intellectual ability has in finding an outlet in the occupations—the same difficulty that was found to exist in the case of college students.

TABLE 4.—RELATION BETWEEN INTELLIGENCE AND VOCATIONAL-INTEREST REQUIREMENTS IN VARIOUS MENTAL-AGE GROUPS INVESTIGATED

Intelligence groups		*Number*	*Per cent making correct vocational choice on basis*
Mental age	*Alpha scores*	*of cases*	*of intelligence*
18 and over	135 and over	333	39
17 to 17-11	120 to 134	269	63
16 to 16-11	105 to 119	310	72
15 to 15-11	90 to 104	302	52
14 to 14-11	75 to 89	226	54
13 to 13-11	60 to 74	149	11
12 to 12-11	45 to 59	49	10
9 to 11-11	0 to 44	10	0
All intelligence groups *		1,816	49

* All the cases included in the total are not distributed on the mental-age scale.

Table 4 would appear to offer interest-intelligence norms of the expectancy, at the various intelligence levels, that the vocational ambition will approximate the intelligence of the subject. The chances that an individual above eighteen years' mental age will make a correct choice of a vocation is .39, while for an individual of sixteen years' mental age, it is .72. For an individual of twelve years' mental age it is only .1. Feingold[38] has pointed out as a result of his investigation "that the lower an individual stands in mentality the higher seems to be his vocational ambition". Individuals of the higher grades of intelligence, up to a level of about seventeen years' mental age, are able to make a choice more nearly approximating their intelligence than those below them on the scale of mentality.

The exact relationship of vocational interest to intelligence has been demonstrated as not significant. All the evidence that it has been possible to gather together points to this conclusion. The relationship is sufficient, however, to indicate that the vocational ambition is slightly suggestive. Vocational interests should not be entirely disregarded in vocational prognosis, nor should they be regarded as significant indications of intelligence. They should be considered as one of many factors to be used in vocational guidance.

Vocational interests appear, from our findings, to differ in significance for different developmental periods. "To depend upon the ambiguous interest-response of a young child is an exceedingly unreliable way to help him into his ultimate vocation", is a remark made by Kitson[43] which our results clearly verify. The vocational ambitions of the grammar-school pupil are hardly worthy of consideration. Those of the high-school student should be somewhat more suggestive, perhaps, at a time when interest is much needed as a criterion in vocational self-guidance. But the expected relation of these high-school vocational ambitions to intelligence is not over one-fifth of perfect resemblance and hence not a very exact guide.

For the college student, vocational interest would appear to be a less significant guide into a vocation than for the high-school student, because of the college student's high intelligence. In individual cases, however, it would seem that the vocational interest of the college student might be a safer guide. Our finding for the college student may be said to be "on the average". Chance factors operating to direct a student into an occupation that makes demands equal to his intelligence qualifications would not be so significant among college students as with the high-school students, because of the high average intellectual ability of the college student and the few occupations that demand such ability.

The vocational ambitions of students in advanced schools for vocational education would appear to be a valuable index of the ability of these individuals, a situation quite contrary to that found in the other groups of students. Vocational guidance has little, however, to offer these individuals, unless they are lacking in ability for the vocation of their interest. Most of them are already well on the road to their chosen vocation, for which they appear qualified.

From our general findings, the most valuable use of interest as an index of intellectual ability is among those *in* occupations, yet seeking guidance. These individuals are less ignorant of the requirements of the various vocations than are the other groups and they probably have a better knowledge of their own qualifications in relation to these occupations. Here it would seem we should be able to use vocational ambitions with some prognostic authority. Yet it must be recalled that we cannot expect over two-fifths of perfect resemblance for interest and intelligence even among such well-informed subjects—not a significant guide in the choice of a vocation.

TABLE 5.—PROBABLE RELATION OF INTELLIGENCE AND INTELLIGENCE REQUIREMENT OF VOCATIONAL AMBITION AT VARIOUS DEVELOPMENTAL PERIODS

Development periods	*Per cent likely to approximate correct choice*	*Correlation coefficient expressing exact relationship*
In grammar school (later years)........	30	r = +0.1
In high school (other than at graduation)..	40	r = +0.2
In college (other than at graduation)......	35	r = +0.1
In vocational school (requiring high-school graduation).........................	75	r = +0.5
In vocations (seeking vocational guidance; ages 20 to 30 years)....................	50	r = +0.4

Using the material presented in Table 3, we have worked out a series of interest-intelligence norms, showing the probability, for the various developmental periods, that vocational ambition will be approximately coördinate with intelligence. These norms must be considered only as an interpretation by the writer of the expected relation between vocational interest and intelligence at the various periods.

These interest-intelligence standards are presented in Table 5. The figures in the left-hand column indicate the percentage at each period that may be expected to approximate a correct choice from the point of view of intelligence, three years on the mental-age scale being the range for this approximation. The figures in the column at the right express in correlation coefficients the exact relationship that may be expected to exist at the various periods between intelligence and the intelligence requirement of the vocational ambition.

There is the possibility that the predictive value for vocational interest of intelligence is as low as zero, accompanying the first attention of babyhood. It would seem to increase with knowledge—knowledge of the occupational world and of personal qualifications—through childhood, through adolescence, and through adulthood—as long as the individual keeps on learning and as long as he "faces reality". This interpretation should be without exception. The relation in grammar school between vocational ambition and intelligence should be lower than for the high-school period. In turn, if the occupational world offered an outlet for superior ability equal to that which it offers for correspondingly inferior ability, in college the relation between vocational interest and intelligence should be higher than in grammar school and high school. That this is not true is probably due to the preponderance of occupations that demand inferior intelligence. The evidence from those in advanced vocational schools and in the occupations indicates that they are at the top, as would be expected on the basis of knowledge, in the relationship between interest and intelligence.

The "top", however, is a relationship, as expressed by the correlation coefficient, probably not more than +.5, which would justify the conclusion that vocational ambition as a single criterion of vocational choice is useless—that as one criterion among many, it is valuable only as it is in acordance with other indications. As to the general alliance of vocational interest and intelligence, it must be said that there is no significant relationship.

RELATIVE SIGNIFICANCE OF ACTUAL OCCUPATION AND VOCATIONAL AMBITION AS CRITERIA OF ABLITY

A. *Relation of Father's Occupation to Vocational Ambition*

Numerous investigators, among them Barr,[44] Bridges and Coler,[45] Pressey,[46] and Young,[47] have demonstrated the existence of a close relationship between the father's occupational status and the ability of his child, as measured by intelligence tests. The logical conclusion from these investigations is that the ability requirement of the father's occupation is a significant criterion of the child's occupational ability.[48] With the prognostic significance of the father's occupational-ability requirement established, a comparison of the intelligence requirements of the two factors—the father's occupation and the vocational ambition—should be a reliable check upon the value of the vocational ambition.

To establish this relationship, information as to father's occupation and vocational ambition were secured from 60 college students.[49] The fathers' occupations and the vocational ambitions were rated according to the occupational-intelligence standards,[9] and a correlation coefficient was computed, as follows: $r = -0.002$ ($\pm .0806$), showing that practically only a chance relationship exists between the intelligence requirement of the father's occupation and the intelligence requirement of the vocational ambition. In that the father's occupation is a significant indication of the child's intelligence, the conclusion cannot be otherwise for these subjects than that the vocational ambition is valueless as an indication of intelligence.

Pruette, in a study[50] of 347 girls, most of whom were in high school and belonged to the upper middle class in tradition and income, found that 66 per cent desired an occupation superior on the intelligence scale to that of the father, 23 per cent an occupation on the same level, and 11 per cent a lower occupation. A correlation coefficient between the intelligence requirement of the fathers' occupations and the children's vocational ambitions has been computed for the subjects in high school, showing a relationship [$r = -0.03$ ($\mp .0551$)] similar to that for the previous group.[51]

The assumption follows on a logical basis, as the previous section of this paper has demonstrated through another attack, that intelligence and interest have no clear-cut relationship. To judge from this investigation, the father's occupation would appear to be a far more significant criterion of the child's intelligence than the vocational ambition of that child.

B. *Relation of Actual Occupations of Subjects to Vocational Ambitions*

A comparison between the vocational ambition and the actual occupation in which an individual is engaged, as each in turn is related to intelligence, should be a crucial test of the prognostic significance of vocational ambitions.

It has been found among young men between twenty and thirty years of age, engaged in an occupation, yet indicating a dissatisfaction with it by seeking vocational counsel, that 60 per cent of them are maladjusted on the basis of the intelligence requirement of the occupation in which they are engaged, and that 53 per cent of these 60 per cent are badly placed due to a *greater* intelligence than is demanded by their occupation, the correlation coefficient between intelligence and occupational requirement for the group being +0.47 (±.029).[52] This indicates that the prognostic significance of a youth's actual occupation is not great, using general intelligence as the criterion of our judgment.

To this problem of the relative significance to vocational guidance of the actual and the desired occupation, it is possible to bring evidence from the study of the case histories of approximately 100 vocational-counsel subjects.[53] Between the intelligence requirement of the vocational ambition and the intelligence requirement of the actual occupation (90 cases), a correlation coefficient of +0.43 (±.056) was found, indicating that in spite of a general similarity, a significant unlikeness existed between these two possible criteria. It was found, furthermore, that 66 per cent of these subjects desired a different occupation from that in which they were actually engaged. In this connection it will be recalled that the vocational ambitions of youths already in an occupation showed greater prognostic value than the ambitions of students in grammar or high school. Twenty-nine per cent of the desired occupations are relatively higher on the scale of intelligence requirement than are the actual occupations, suggesting that these vocational ambitions should be of greater prognostic significance than the actual occupations in that 57 per cent of these subjects are maladjusted in their actual occupations on the basis of too low a requirement upon their general intelligence.[54] A slightly higher per cent of these subjects are maladjusted in their actual occupations than would be the case if they were placed in the occupations of their ambitions, only 51 per cent being maladjusted on the basis of the intelligence requirement of their vocational interests.[55] But when these two criteria for vocational guidance, the actual occupation and the desired occupation, are correlated with general intelligence, it is found that the actual occupation is a slightly better indication (+.42 for the actual occupation and +.38 for the desired occupation). The correlation coefficient shows a slightly superior vocational adjustment for the actual occupation.

We now have the situation before us. To the question: "Which is more significant as a criterion for the vocational guidance of a youth already in the occupational world, the actual occupation in which he is engaged or his vocational ambition?", remembering that his vocational ambition should be accorded more weight as a determining factor than that of grammar-school and high-school pupils, we must answer, from our study of 100 vocational-counsel subjects, that on the basis of his general intelligence there is no great difference between *actual* and *desired* occupations from the standpoint of their predictive significance in vocational adjustment. There are decided unlikenesses between these occupations, and the desired occupations are on the whole higher on the scale of intelligence requirement. Fewer individuals would be maladjusted if placed in their desired occupations than in their present occupations. But the correlation coefficient existing between these two criteria and the general intelligence of the subjects indicates a slightly more exact relation for the actual occupation than for the desired occupation. Both seem to be approximately equal, however, in prognostic significance for vocational guidance. Following either, vocational maladjustment of approximately 50 per cent may be expected.

The Psychological Meaning of Interest

Interest as a psychological capacity is, without doubt, closely linked with general ability. It is improbable, however, that we are measuring to a very high degree this capacity when we measure the objects of interest as expressions of judgment. Let us consider for the moment the psychological meaning of interest.

Such names as those of Johann Friedrick Herbart and John Dewey come to the educator's mind immediately. But the psychological study of interest is much older than the work of these men. Recognition of interest as a psychological factor existed prior to the time of the Greeks. In the writings of Plato and Aristotle there appears, as the restatement of a well-known controversy, the theory of the discipline of effort and its antithesis, ''interest''. The split between Stoicism and Epicureanism developed along the lines of this theory. Early Christian philosophy adopted the discipline of effort. Philosophers of the Middle Ages fought over the ambivalent connotations of the two beliefs. In the works of Kant, in the later eighteenth century, and in those of Hegel, in the early nineteenth, as well as in the writings of many others in France and England, we find a restatement of the meaning of interest in relation to life, just at the dawn of the period of a great awakening of thought upon pedagogical theory, culminating in the principles laid down by Pestalozzi and Herbart, which made so much of interest, and which caused the widespread discussion of the psychological meaning of interest, finding its most complete expression in the writings of James, Sully, and Baldwin at the close of the nineteenth century.

From the early consideration of interest as akin to an elementary mental process, the mental state designated as interest has been analyzed through introspective methods to the point of considering it usually as very complex. In so far as it is elementary, it is feeling or affection, with the qualities of pleasantness or unpleasantness. There is hardly a psychologist to-day, no matter what his theory of the affective element may be, who regards interest in its elementary form as other than feeling. Stumpf [56] in Germany so regarded it in the eighties and Lloyd Morgan [57] in England in the nineties.

These early writers recognized, as well, a close relation between interest and attention. This is an important point and a much debated one. The clearest statement of the psychological relation of attention and interest was made by William H. Burnham in a paper presented before the American Psychological Association in 1905.[58, 59] It is Burnham's view that interest may be first thought of psychologically as the feeling accompaniment of any act of attention. From childhood, interest would be developed with every act of attention. Habits of interest would result. These would be ideational as well as motor habits, with their basis in the instinctive and emotional behavior. Burnham has well called this second stage of interest a "habit of preperception". Out with the naturalist looking for species of birds, the casual observer sees no more than a common English sparrow. Upon questioning the naturalist, one finds that he has observed scores of different species. He has a "habit of preperception", an interest in the subject. This is the psychological meaning of interest. It might be thought of as a mental capacity, dependent upon the power of attention and developing according to the laws of learning and forgetting.

Interest as the capacity of preperception is thus related to anticipation, imagination, and the higher mental powers. Such a capacity follows the scale of general ability. It is a part of general ability. It is doubtful if it is anything more than the original ability of the individual developed into certain pattern reactions, the patterns formed by habituation.

The intelligent critic is able to forecast the conclusion of a play from its opening scene in a fashion not possible to a person of inferior intelligence. He is also able to do this in a fashion not possible to the naïve theatre-goer of equal intelligence. Interest is capacity plus habit. Other things being equal, interest should be expected to increase with increase in knowledge. At that point in any occupation at which there seems nothing new to learn, it may be expected to decrease. At the point at which the capacity of the individual is not sufficiently utilized, or at which that capacity is unduly taxed, it may usually be expected to decrease.

Probably nothing is more important to vocational success than to keep interest, as the capacity of preperception, at a high pitch. This is interest actually functioning, "on the job". For vocational success, or the general harmonious development of the individual's life, the objects of interest, provided their requirements are in accord with capacity, are of exceedingly minor importance. The objects of interest are determined by a complex and fluctuating combination of causes, made up of habit reactions, chance stimulations, prestige of the moment, mood of the moment, mental and physical health of the individual at a particular time, as well as many other things. Habit reactions are to a certain extent conditioned by general ability, but just what, if any, is the relation of ability to the other features mentioned is uncertain. Hence it is not surprising that the studies presented in this paper show that the objects of interest, particularly vocational interests, have but a minor significance for vocational prognosis.

NOTES

[1] Out of a consideration of the objects of interest, there has been developed by economists, promulgated by the Manchester School, and adopted and developed by some sociologists—notably Franklin H. Giddings and Frank H. Hankins—a philosophy in which interest is made the principle of action, in which the motive is always personal advantage, self-interest, but from the long-time view—that is, enlightened self-interest. According to this doctrine, the individual should be interested only in the objects that in the long run will benefit him most. He is altruistic only in so far as he is benefited. Self-interest is the instinctive response. Built upon this is enlightened or educated self-interest, for which the sociological doctrine claims the greatest advancement to society, as well as to the individual. This conception, advocated as a doctrine of action by the sociologist, is mentioned because of its relation to vocational guidance.

[2] For a thorough discussion of this error, see an article by E. G. Boring—"The Stimulus-Error"—in the *American Journal of Psychology*, Vol. 32, pp. 449-71, October, 1921.

[3] For a refined form of the questionnaire method used in the study of vocational interests, with suggestions for statistical treatment, see an article by Max Freyd—"A Method for the Study of Vocational Interest"—in the *Journal of Applied Psychology*, Vol. 6, pp. 243-54, September, 1922. H. E. Burtt, in "Measuring Interest Objectively" (*School and Society*, Vol. 17, pp. 444-48, April 21, 1923) describes four tests used to measure interest in agricultural engineering.

[4] This Western-college group was composed of 65 sophomores, 29 boys and 36 girls, at the University of Utah, 1923-24. The median age for the group was twenty years and the middle 50 per cent ranged from nineteen to twenty-one, inclusive. This group were given, on different days, the following assignments as work to be done at home:

First assignment:

Sit down for ten minutes and think of yourself as a grammar-school pupil.

1. List the vocations that you wished to enter, from the earliest time you can remember until you graduated from grammar school.
2. What was the vocation (or vocations) in which you were most interested at about the time of graduation from grammar school?

Second assignment:

Sit down for ten minutes and think of yourself as a high-school student.

1. List the vocations you desired to enter, in order, during your high-school student life.

2. What was the vocation (or vocations) in which you were most interested during this period?

Third assignment:

1. List the vocation or vocations you think you would like to enter after leaving college.

For the grammar-school period there was a total of 291 different vocational ambitions, an average of 4.5 per individual (65 cases); for the high-school period there was a total of 208 different vocational ambitions, or an average of 3.3 per individual (63 cases); for the college period there was a total of 122 vocational ambitions, or an average of 2 per individual (61 cases). In the use of these vocational ambitions, an average rating was secured for the period. These subjects were rated for general intelligence by Army Alpha, form 5.

[5] Occupations classified along vocational (occupational functional) lines:

I. *Professions (professional labor):*
  Religion, medicine, regulative service, pedagogy, arts, engineering, personnel work, entertaining, applied sciences, pseudo-services.

II. *Commercial Occupations (distributive labor):*
  A. Mental-work Section:
    Publicity, purchasing, sales (promotion), trade (order filling), clerical-executive service;
  B. Manual-work Section:
    Highway transport, rail transport, marine transport, aero transport, wire transport.

III. *Maintenance Occupations (maintaining labor):*
  Building maintenance, mechanical service, personal service, culinary service.

IV. *Crafts (producing labor):*
  Construction, manufacturing, farming, animal husbandry, fishing, publishing, mining, lumbering.

[6] Number of cases used in computation: grammar-school and high-school periods, 63; high-school and college periods, 59; grammar-school and college periods, 60; grammar-school, high-school, and college periods, 64.

[7] The number of vocational interests in the period that had the lowest number for the periods under consideration was taken as the denominator for number of consistent interests found between those periods.

[8] Fifty-nine cases were used for this computation.

[9] Occupational-intelligence standards for 118 occupations were obtained from data presented in the following studies:

"A Trial of Pedagogical Tests in a Civil Service Examination for Policemen and Firemen", by Lewis M. Terman and others. *Journal of Applied Psychology,* Vol. 1, pp. 17-29, March, 1917.

"Mental Tests of a Group of Employed Men, Showing Correlation with Estimates Furnished by Employer", by Jesse K. Flanders. *Journal of Applied Psychology,* Vol. 2, pp. 197-206, September, 1918.

The Intelligence of School Children, by Lewis M. Terman. Boston: Houghton Mifflin Company, 1919. (Chapter XII.)

Psychological Examining in the United States, edited by Robert M. Yerkes. Vol. 15, *Memoirs of the National Academy of Science.* Washington: Government Printing Office, 1921. (Pp. 819-837.)

"Standardized Tests for Vocational Guidance", by J. B. Miner. *School and Society,* Vol. 13, pp. 629-33, June 4, 1921.

''Occupational-Intelligence Standards'', by Douglas Fryer. *School and Society*, Vol. 16, pp. 273-77, September 2, 1922.

''The Selection of a Successful Secretary'', by A. T. Poffenberger. *Journal of Applied Psychology*, Vol. 6, pp. 156-60, June, 1922.

''The Relation between Intelligence and Vocational Choice of High School Pupils'', by Gustave A. Feingold. *Journal of Applied Psychology*, Vol. 7, pp. 143-56, June, 1923.

[10] In securing the intelligence requirement of the vocational ambitions for a particular period, an average of all the expressed ambitions for the period was taken.

[11] In the computation of these measures, the following numbers were used: grammar school and high school, 63; high school and college, 59; grammar school and college, 60.

[12] This Eastern-college group was composed of 67 sophomores at Smith College in 1922-23. The median age for this group was twenty years and the middle 50 per cent ranged from nineteen to twenty, inclusive. This group was asked during a study period to answer the following questions:

1. What is the occupation of your father?
2. When you were a little girl, before you entered school, what activities interested you most? List in order of interest.
3. When you were in elementary school (up to eighth grade) what did you want to become when you grew up? Give approximate age at which you first had this ambition.
4. When in high school what did you desire to do when you grew up? Name in order of greatest interest at that time.
5. What vocations would you like to follow after college? Name in order of interest.
6. Do you expect to have a vocation?

For the grammar-school period there was a total of 98 vocational ambitions, with an average of 1.8 per individual (54 cases); for the high-school period there was a total of 91 vocational ambitions, with an average of 1.7 per individual (53 cases); for the college period there was a total of 151 vocational ambitions with an average of 2.5 per individual (60 cases). Question 3 was so stated that it undoubtedly limited the expression in most cases of more than one vocational ambition for the grammar-school period. However, there appears to be a dearth of vocational ambitions for the grammar-school and high-school periods for this group in comparison with the Western-college group. This may have been caused by the method of securing the information, or it may have been due to a greater ignorance of the occupational world on the part of most of these girls. In the use of these vocational ambitions an average rating was secured for each period. These subjects were rated on their intelligence by the ''Smith College intelligence examination''.

[13] Number of cases used in computation: grammar school and high school, 53; high school and college, 57; grammar school and college, 56; grammar school, high school, and college, 63.

[14] Fifty-nine cases were used for this computation.

[15] Number of cases used in computation: grammar school and high school, 50; high school and college, 54; grammar school and college, 53.

[16] For a discussion of the reliability of the correlation coefficient see H. G. Rugg's *Statistical Methods Applied to Education.* Boston: Houghton Mifflin Company, 1917. pp. 270-72.

[17] Material gathered at the Worcester Domestic Science School, Worcester, Massachusetts. Intelligence ratings and vocational-interest case histories were received from 17 girls, all high-school graduates, having a median age of nineteen years and a range for the middle 50 per cent of eighteen to twenty-two years, inclusive. These subjects were asked to relive their desires for a vocation in thought, from the very first time they could remember until the present time, writing a history of these interests. The vocational interests for the grammar-school, high-school, and vocational-school period were rated according to the scale of occupational-intelligence standards, several interests, if given—as occurred in a few cases—being averaged. Army Alpha, form 9, was used to secure the intelligence rating.

[18] Fifteen cases were used for these computations.

[19] Seventeen cases were used for this computation.

[20] In the computation of these measures, the rank difference method was used for 15 cases, the results being converted into the coefficient of correlation by a formula from ''Tables to Facilitate the Computation of Coefficient of Correlation by the Rank Difference Method'', from The Scott Company Laboratory. (See *Journal of Applied Psychology,* Vol. 4, pp. 115-25, June-September, 1920.)

[21] The median score for the group on the Army Alpha scale was 106 points, and the middle 50 per cent ranged from 79 to 115 points, which suggests intelligence unequal to the demands of classical college work.

[22] Louise E. Poull. (See her ''Interests in Relation to Intelligence''. *Ungraded,* Vol. 7, pp. 145-58, 176-92, 200-22, April, May, and June, 1922.) Poull reports a second study. A group of 40 girls comprising a grammar-school graduating class were interviewed at an employment bureau one month after stating their vocational choices, with the result that but two were found to have changed their vocational ambition. Poull speaks of this group as ''predisposed toward stability of expression owing to the nearness of an approaching change''. It is hardly more than a measure of the lowest limit of permanency.

[23] William Proctor, in his *Psychological Tests and Guidance of High School Pupils* (Bloomington: Public School Publishing Company, 1923), pp. 79-80, offers data upon a slightly different phase of the problem of the permanency of interest. The extent to which vocational plans are abiding interests is studied by means of a check-up on 272 individuals now at work, who four years previously, in high school, stated their vocational ambitions. Thirty-two per cent of these subjects were found to be working at their vocational ambition, which is indicative of a considerable degree of permanency of vocational interest in these high-school subjects, in view of the difficulty of attaining one's vocational ambition within such a short period in the occupations. Some of these subjects had been at work only about one year.

[24] In which vocational ambitions were considered as different if they related to different occupations, even though these might be in the same broad occupational group. The aim in this investigation was to secure a measure of the number of different changes rather than to follow through an occupational likeness, as was the plan in previous studies upon which the per cent of permanency is based. The total number of changes might have been used, which in many cases would have made the number somewhat higher.

[25] For the groups for which data were previously reported, the average number of vocational interests are as follows:

Western-college group	7
Eastern-college group	5
Vocational-school group	4

[26] An indication of the ignorance among college girls of occupational opportunities for women is clearly shown in the first choice of an occupation made by 465 seniors, as secured by the vocational bureau at Smith College. Thirty-two *different* occupational choices were returned by these 465 subjects, or an average of 14.5 individuals per occupation. Furthermore, several of these choices closely overlapped. These same seniors were a year later engaged in but ten different occupations, of which teaching had absorbed the largest number. A study by Lorine Pruette (see *Women and Leisure.* New York: E. P. Dutton Company, 1924) of the activities of 347 girls, largely in high school, showed a choice of thirty different occupations, a similar indication of ignorance of occupational opportunities for high-school students. The ignorance of students of the occupational world, if we are to accept this evidence, is undoubtedly enormous, although a greater degree of familiarity on the part of boys than of girls in high school and college might be expected.

[27] The vocational ambitions of the grammar-school period have been made a subject for separate study, for which 181 cases were assembled. A total of 913 vocational-interest expressions were made by these 181 subjects, an average of 5 different expressions for each individual up to the age of about fourteen years. Such an assortment and fluctuation of vocational ambitions as this indicates would appear material of more than dubious value for future prediction.

The analysis of these 913 vocational interests of the grammar-school period has been carried further. Judged roughly upon the basis of practicality and probability, at least 25 per cent were outside the range of expectancy for almost any individual. Thirty-five of these 181 individuals at some time during the grammar-school period wished to be actors or actresses. Other vocational ambitions considered improbable in the entertaining field were baseball player (1), circus girl (4), concert stage (4), dancer (9), movie star (7), vaudeville star (1), auto racer (1), diver (1), jockey (1). There were 5 individuals who at some time aspired to be president of the United States, 2 wished to be senators, and the following vocations of a similar nature had one or more adherents: diplomat, commander of international Utopia, food administrator, statesman, secretary of state. There were individuals who aspired to the vocations of secret service (2), Indian fighting (2), hobo (1), prospector (2), pirate (1), air pilot (2), to be famous (2), and so forth. The arts engaged the attention at some time of 78 individuals. For most of them a career in the desired field was considered improbable—*e.g.*, writer (25), sculptor (1), composer (1), poet (3), painter (1). One boy thought that he might be an inventor and a girl that she might like to scrape new potatoes the rest of her life. These impractical vocational interests at the grammar-school age were too numerous to list completely here. There were many others, such as, candy-store owner, soda squirt, dock hand, dress model. In this analysis we did not consider the qualifications of the individuals for the desired vocation. In arriving at the 25 per cent estimate of improbability, only those occupations that are usually out of the range of expectancy for any one were listed. The fact that in all probability 8 of these 181 individuals will not be missionaries and 9 preachers was not considered in making up this estimate. It is not likely that 42 of these subjects will be engineers or that 80 will work in the field of medical science, but such were their ambitions at some time during the grammar-school period. Forty-four desired to enter social service. *All,* at some time, wished to be teachers, which would have a predictive value of not over 5 per cent. While the improbability that grammar-school subjects will attain their vocational ambitions can safely be estimated at 25 per cent, it would seem from this analysis that the probability that such students will attain their vocational ambitions would be approximately or only slightly better than chance relationship.

[28] See an article by the writer, "Intelligence and Interest in Vocational Adjustment", in the *Pedagogical Seminary*, Vol. 30, pp. 127-51, June, 1923. It is a study of the case histories of 320 vocational-counsel subjects, of whom 74 per cent were in the 20-29 age group, the median age being 24.03 and the complete age range 16-44 years. Their intelligence, expressed in Army Alpha terms, covered the entire range of the Army classification, "A" to "D−", but 72 per cent were in the two superior-intelligence groups and 27 per cent in the three average groups.

[29] *Army Alpha*, form 7; *Business Alpha*, forms A and B; *The Stanford-Binet;* and the *Army Performance* were used in securing and checking these ratings. Results were expressed in Army Alpha terms.

[30] The basis for the probable error is discussed elsewhere. (See reference in Note 28.) It rests upon the critical score in vocational prognosis, below which an individual may be advised with some authority that he will tend to be unsuccessful because of lack of intelligence, the first quartile of a reliable distribution of the workers in the particular occupation. There is some reason to expect dissatisfaction on the part of the individual, at least intelligence wastage, if he has a rating above the third quartile of the occupational distribution. For 103 occupations, the mean of the first quartiles was found to be 49 points on the Alpha scale and of the third quartiles, 96 points. This equals 23.5 points either side of the median for an average of the 103 occupations.

While the computations of this and the following investigations are in Army Alpha scores, the results will be expressed in mental age. The Stanford-Binet Army Alpha norms given in the *Examiner's Guide* (Washington: Government Printing Office) indicate an approximation of one year's mental age to 15 points on the Alpha scale, and the Kohs-Proctor norms conform to this exactly. (See page 117 of the Proctor study referred to in Note 23.) To make it possible to express results in mental-age terms, a probable error of 22.5 points on the Alpha scale, one point (eight-tenths of a month, converted to the mental-age scale) less than our standard has been used. This makes it possible to speak of the range for the group having the same intelligence as that required by their vocational ambitions as three years' mental age.

[31] On originally presenting this data (see reference in Note 28) a probable error of 25 points on the Alpha scale was used. Under these conditions the distribution was found to be as follows: more intelligence than required by vocational ambition, 36 per cent; same intelligence as required, 49 per cent; less intelligence, 15 per cent.

[32] For these computations, the following numbers were used: grammar-school period, 65; high-school period, 63; college period, 60.

[33] An average of the intelligence requirements for the three periods was taken and the correlation coefficient computed, as $r = +0.14$ ($\pm .0798$), 60 cases being used for this computation.

[34] In these computations, for the grammar-school period, 54 cases were used; for the high-school period, 53 cases; and for the college period, 60 cases.

[35] An average of the intelligence requirements for the three periods was taken and the correlation coefficient computed, as $r = -0.38$ ($\pm .0896$), 43 cases being used for the computation.

[36] To verify these finding, a correlation coefficient was computed between the intelligence requirements of the vocational ambitions and the average

for the college marks for these students during their freshman year (E=0, D=1, C=2, B=3, A=4) with results as follows:

Grammar school ....r = +0.02 (±.0954) 54 cases
High school ....r = —0.31 (±.0868) 50 cases
College ....r = —0.11 (±.0944) 60 cases

These measures verify our above conclusion that no relationship exists between this type of ability and the requirement of the vocational ambition.

[37] This investigation of Proctor's is reported in the study already referred to (see Note 23), pp. 63-77. Eight hundred and six of Proctor's 930 high-school subjects were used in reworking the data to bring it into line with the method of this investigation. The reworking of this data has been presented by the writer elsewhere. (See reference in Note 28.) Four hundred and nineteen of the original group were boys and 511 were girls. Approximately one-half of the cases were freshmen and the remainder were divided between the upper three classes.

[38] Gustave A. Feingold (see his "The Relation between Intelligence and Vocational Chances of High-School Pupils", *Journal of Applied Psychology*, Vol. 7, pp. 143-56, June, 1923) used methods of analysis similar to those of the writer, his results being reassembled as presented here. Of the total of 512 high-school entrants, 250 were boys and 262 girls. Intelligence ratings were secured by means of a modified form of the Army Alpha, and vocational ambitions were rated by means of the occupational-intelligence standards published by the writer (see reference in Note 9), with a number of additions based upon Feingold's own work.

[39] Poull (see reference in Note 22) has compared the curve of intelligence quotients of the individual with that of the occupational-ambition requirements—based upon the intelligence of men in the army as reported in the *Memoirs of the National Academy of Science*, Vol. 15 (see Note 9)—as they distribute themselves into four occupational groups (skilled trades, mechanics, clerical workers, and professions) for approximately 1,000 fifth- to eighth-grade grammar-school subjects, boys and girls, equally divided. These subjects were from "a working man's neighborhood, as is proved by the records of the occupations of the parents". The occupational status of the father is indicative of the ability of the child (see Notes 44, 45, 46, 47) so that for the vocational ambitions of these subjects that are in similar groups to their fathers' occupations there would be expected a close approximation of the requirement of the vocational ambitions to the intelligence of the subjects when the curves of a large group are compared. As would be expected, the curves of the intelligence quotients for the two factors, vocational ambitions and intelligence of subjects, are similar for the mechanics group and for the skilled-trades group. It would be expected that a chance selection of vocational ambitions would bring a high percentage of the subjects into these two occupational groups which are the largest so far as opportunity and environmental influence are concerned. Yet approximately as many chose a professional calling as one in the skilled trades and approximately as many chose office work as work in the mechanics. But for the clerical group and the professional group in particular, there is considerable variance between the curves for these two factors, the vocational ambition's requirements ranging considerably higher than the intelligence of the subjects. This is an admirable general presentation of the condition of maladjustment on the basis of the vocational ambition found to exist for these subjects. However, this type of analysis obscures individual differences. Interpretation from these

data would require the support of a measure similar to the correlation coefficient to have validity.

[40] If the intelligence ratings had been converted into intelligence quotients for these adolescent subjects, these measures of relationships could have been made with the absoluteness of the other studies. This could not be done, however, if the material was to be left comparable.

[41] An average of the intelligence requirements of the vocational ambitions for the three periods was taken and the correlation coefficient computed: $r = +0.58$ (±.0965).

[42] The question might be raised: Do numerous interests indicate ability; is breadth of interest an indication of intelligence? The results of the investigations of this study are negative upon this problem. The expression of relationship in correlation coefficients for three investigations is as follows:

Eastern-college group, 65 cases..............$r = -0.2$ (±.0774)
Western-college group, 60 cases.............$r = +0.33$ (±.0734)
Vocational-education group, 15 cases........$r = -0.28$ (±.1373)

The average number of interests for the Eastern-college group was 5; for the Western-college group 7; for the vocational-education group 4. These results do not appear conclusive.

[43] See "Vocational Guidance in Europe", by H. D. Kitson. *School and Society,* Vol. 16, pp. 645-50, December 9, 1922.

[44] Frank E. Barr, in *A Scale for Measuring Mental Ability in Vocations, and Some of Its Applications* (Stanford University, 1918), reports a correlation for 104 cases between the Stanford-Binet rating of children and the occupational-ability standing of the fathers of +0.69 (±.035).

[45] James W. Bridges and L. E. Coler in "The Relation of Intelligence to Social Status" (*Psychological Review,* Vol. 24, pp. 1-31, January, 1917), a study of the sociological conditions of 301 school children, find "that when children are classified according to the occupations of their fathers, a striking correlation is shown between intelligence quotient and occupational group".

[46] L. W. Pressey, upon classifying 548 country- and city-school children according to the occupations of their fathers, concludes "that the difference found between the occupational groups are probably true differences in a fundamental, underlying general intelligence or native endowment". See "The Influence of (a) Inadequate Schooling and (b) Poor Environment upon Results, with Tests of Intelligence", *Journal of Applied Psychology,* Vol. 4, pp. 91-96, March, 1920.

[47] K. A. Young, after classifying approximately 1,000 immigrant school children, concludes that "there is a scaling of average scores corresponding to the steps of the scheme of classification". (See his *Mental Differences in Certain Emigrant Groups.* University of Oregon Publication No. 1, 1922. p. 29.)

[48] The probability that the child will follow his father's vocation should be suggestive of the predictive value of the vocational ambition. As the occupational status of the father is indicative of his child's ability, as well as of his own, then if the child's vocational ambition is the same as his father's occupation, the child's vocational ambition is suggestive of his ability. Folsom, in a study of 206 eminent men and 155 college students, found much the same relation to fathers' occupations in the two groups. Of the eminent men 5 per cent chose their occupations because of family tradition and influence, while 4 per cent of the college students ascribed their vocational interest to the same cause. Without securing anything definite, he concludes that his data suggest a greater tendency for the son to follow his father in the medical profession

than in any other. The practical consideration of a practice already built up must be supposed to have entered into this choice to a greater degree than would be true of some other professions. (See "What Can the Psychology of Interests, Motives and Character Contribute to Vocational Guidance?" by Joseph K. Folsom. *Journal of Applied Psychology*, Vol. 1, pp. 253-64, September, 1917.) Kent studied 72 eminent engineers and found that 57 per cent had fathers following some mechanical occupation, while 87 per cent were reared in the environment of mechanics, 63 per cent had come into contact with machinery in their boyhood, and 50 per cent into contact with machine shops. Of 9 lawyers he found none whose father's occupation had been of a mechanical nature. Here the stimuli of the general mechanical environment and the father's occupation are not separated, so that the contribution of either to the vocational interest cannot be determined. (See *The Constructive Interests of Children*, by E. B. Kent. New York: Columbia University, 1903.) Douglass, in a study of 2,844 high-school seniors, finds five chief reasons for choice of occupation, none of them due to influence of fathers' occupations or to family tradition. (See "Vocational Interests of High School Seniors", by A. A. Douglass. *School and Society*, Vol. 16, pp. 79-84, July 15, 1922.) Elizabeth Sullivan, in her master's thesis, presented at Stanford University in 1918—*A Study of Certain Tests and Their Significance in the Administration of the High School Curriculum*—concludes that the father's occupation, due to the acquiring of an intimate knowledge of its limitations, is only predictive in that it usually makes clear to the child one vocation to be avoided. Similar investigations to these that have been mentioned are numerous, indicating, at least for America, that the father's occupation is not a significant factor in the vocational ambitions of the child.

[49] Smith College, 1923.

[50] Discussed in *Women and Leisure*. (See Note 26.) Pruette's percentages are based upon the subject's vocational-ambition-intelligence requirement and the father's occupational-intelligence requirement being in the same Army intelligence group. The occupational-intelligence standards published by the writer (see reference in Note 9) were used.

[51] One hundred and forty-nine cases were used for this computation.

[52] From the study (see reference in Note 28) of the case histories of 320 vocational-counsel subjects, in which 296 cases were used in obtaining the mathematical result given, a probable error of 25 points on the Alpha scale of 212 being used in securing the per cent maladjusted. With a probable error of 5 points, 91 per cent would be considered maladjusted; with 15 points, 77 per cent; with 35 points, 46 per cent; with 45 points, 35 per cent; with 55 points, 22 per cent; with 65 points, 16 per cent; with 75 points, 10 per cent; with 85 points, 4 per cent; with 95 points, 1 per cent.

[53] Partially reported (see reference in Note 28) age distribution into groups as follows: sixteen to nineteen years, 17; twenty to twenty-four, 30; thirty to thirty-four, 6; not given, 8.

[54] Ninety-one cases were used in securing this per cent for which a probable error of 25 points on the Army Alpha scale was used. The correlation coefficient between the intelligence of the subjects and the intelligence requirement of the actual occupation is +0.42 (±.0567). This same measure was given for the larger group of 296 cases as 60 per cent maladjusted and a correlation coefficient of +0.47 (±.029), which is almost exactly the same result.

[55] Ninety-eight cases and the same probable error used. Correlation coefficient is +0.38 (±.058).

[56] Stumpf: *Tonpsychologie,* I, p. 12. Translation of reference: ''Attention is identical with interest and interest is feeling. That is all there is to it.''

[57] See *Introduction to Comparative Psychology,* by C. Lloyd Morgan (London: Walter Scott Publishing Company, 1894), p. 83: ''Interest is the feeling tone which accompanies the relation of the focus to the margin of consciousness.''

[58] Published as ''Attention and Interest'', in the *American Journal of Psychology,* Vol. 19, pp. 15-18, January, 1908. Quoted excerpts from this paper are as follows:

> ''The word interest . . . is used in two senses; first, . . . it denotes a complex state of feeling; second, it denotes a permanent mental possession—as when we say a man has an interest in art, or literature, or music, or the like. What is meant is that one has a store of associations related to these subjects, that he is in the habit of attending to them; or better, as an essential element of attention is preperception, that one has a permanent habit of preperception in such subjects. These two meanings of the term interest are as different as they can well be—the one a temporary affective state, the other a permanent habit of preperception. . . .
>
> ''If the word interest is used in the latter sense, to signify a permanent habit of preperception, nobody will deny that attention depends upon interest; but this is merely saying that our present preperception depends upon our past habits of preperception. If, however, by interest is meant the affective state, it is not in harmony with modern psychology to say that attention depends upon interest. . . .
>
> ''Whenever we turn our attention to a subject, we have a feeling called interest . . . the facts . . . are described more accurately by saying that interest depends upon attention than by saying that attention depends upon interest. . . .
>
> ''To resume briefly: The word interest, as we have noted, is used in two senses: first, to denote our permanent habits of preperception; second, to represent a temporary affective state complex in character. Attention is the reaction of the whole organism, comparable to the tropism of plants and animals. We must suppose an affective state correlated with this reaction. This affective state is interest.''

[59] The view that attention, considered psychologically, must precede interest has been approximated by numerous writers dealing with attention and interest as synonymous or as two aspects of the same mental state. Pillsbury, in *Attention* (New York: The Macmillan Company, 1908) takes the view that attention precedes interest. Titchener in his *Lectures on the Elementary Psychology of Feeling and Attention* (New York: The Macmillan Company, 1908) states (p. 294): ''I had not supposed that interest still figures as a condition of attention only in quite popular psychologies.'' These statements indicate the best thought upon the relation of interest and attention.

MENTAL AND MORAL PROBLEMS OF THE WOMAN PROBATIONER*

NELLIE L. PERKINS

Director, Wayne County Psychopathic Clinic, Detroit, Michigan

THERE is a group of adult offenders for whom very little has been done and about whom practically nothing has been said, although their problems are important because of their social significance. They are the persons who are charged with neglect of their children. These individuals make up a fairly large group and present many serious social problems, and while they are brought into court ostensibly because of neglect, investigation often shows that they are guilty of many irregularities of conduct, the neglect being an end product. In some instances they have appeared in the adult courts repeatedly for petty larceny, sex irregularities, disturbing the peace, or alcoholic excesses, only to appear later in the juvenile court for neglect of their children.

Even cursory examination shows that some of these persons are not altogether normal in that their conduct does not appear to be controlled or their lives balanced. Their impulsiveness, irritability, poor judgment, easy discouragement, defiance, and inadequacy suggest an imbalance of personality or faulty mental functioning with lowered morale, and one is forced to the conclusion that ordinary methods of case-work have little or nothing to offer a group of this type. The problem is serious because not only the individual in question, but the children are involved. Very often the family tie is a close one and separating the children from the parents, providing for them in boarding homes, is in no way an adequate disposal of their difficulties.

As it was felt by those who came in contact with this problem in Detroit that no satisfactory solution had been reached, the decision was made to refer the more flagrant cases to the psychopathic clinic for intensive study. It was later suggested that the mothers'-pension group be included, inasmuch as many of the mothers who were receiving pensions were failing in the same way, the pensions having to be revoked because of conduct deviations that necessitated removing the children. In addition to examination, active supervision was undertaken. The experiment has now continued over a period of three years. As the problems presented by the group correspond in many ways with those presented in the probation department, it was felt that possibly a report of the results might prove interesting to those who are engaged in probation work.

---

* Read before the Seventeenth Annual Conference of the National Probation Association, Washington, D. C., May 15, 1923.

As was to be expected, a very large number of the women referred in this way were found to be mental deviates, about 48 per cent being definitely feebleminded, mostly high-grade types, and a little over 40 per cent showing personality difficulties sufficient to place them in the group of psychopaths. The inadequate and the emotionally unstable made up the larger part of this group, but there were also some definitely psychoneurotic and a few psychotic individuals. The remaining 12 per cent showed insufficient deviation from the normal to be classified, but their difficulties were generally psychological in that they failed to see what was required of them, misunderstood directions, or were temporarily upset because of some disagreement with officers or social agencies. Health and economic problems often veiled these conditions and further complicated matters.

With so many deviates, it was obvious that a better understanding of their problems and mental conditions was necessary before it would be possible to handle them, and they were therefore placed on probation to the psychopathic clinic. A special department was developed to look after their needs and attempt readjustments that would, if possible, preserve the family unit wherever this was practicable. Believing that delinquency is a family problem and must be attacked through the family, it was decided to do general family case-work, giving each member of the family individual study, however. The psychiatric approach was to be used throughout, thus making possible a program that would include every member of the group and take into consideration his or her particular needs, idiosyncrasies, and contributions.

We are now receiving cases not only from the mothers'-pension and neglect departments, but from the domestic-relations division of the municipal court and the child-caring agencies that file neglect complaints. Only those cases that show conduct anomalies in addition to neglect of the children are referred. In each case the mother is put on probation, but the entire family comes under supervision and all are subject to the jurisdiction of the court, as the complaint covers the children, although filed against the mother.

The mental examinations and the personality studies are made by the regular staff of the clinic, the cases going through as regular patients, but investigations are more intensive on the side of family and neighborhood conditions, and an effort is made to get at conduct difficulties. Treatment is based upon these findings. The family is then referred to a psychiatric nurse for intensive supervision, and she carries out the treatment outlined by the psychiatrist, adjusts the social difficulties, and meets the family's needs throughout the period of trial, keeping in close contact with the clinic director. Each family supervisor carries at least thirty families, but not more than thirty-five, and that number only after the initial difficulties of a large proportion of her group have been straightened out.

Although no definite term of probation is assigned, the program assumes that the family will be under intensive supervision for at least a year, longer if necessary, and the plans for each family cover that period. The ideal goal is complete emancipation of the family and of each individual in the group, but it is not always possible to bring this about. Our aim, therefore, is to rehabilitate all as far as possible and get them into such a state of mind that they can be supervised to advantage by other social agencies.

A constructive program for each family is worked out in which the difficulties peculiar to their situation are provided for, but in every case it has been found that the simple, fundamental principles of general hygiene have been neglected, so that it is necessary to begin at the bottom and revamp the entire family life. It is impossible to accomplish anything in the way of adjustment of complexes or emotional difficulties until physical conditions have been satisfactorily arranged, so that the problem is instantly reduced to general family case-work as carried out by a high-grade family agency. But while this work is being carried on, mental-hygiene ideas can be introduced whenever an opportunity is offered, and these preliminary arrangements prove a most satisfactory background on which to build new habits and a new outlook on life. At first indignant at having been referred for mental examination, the probationers pass through several stages of defense reactions, followed by relief at the common-sense attitude taken toward their problems. They are surprised to find that so little is made of their supposed peculiarities and misconduct and are delighted with what they can accomplish after they have learned to take advantage of their abilities and to make allowance for their limitations. In fact, psychology and psychiatry have brought very little that is new to the work except the point of view and the method of approach—namely, the biological interpretation of conduct with the individual as the unit of adjustment.

While all the social agencies are used, contacts with these agencies are made through the supervisor on the case and not by any member of the family. One of the main difficulties of these individuals is ‘‘getting on’’ with people, and their greatest trouble often results from these contacts, which may lead to misunderstandings and antagonisms that act as further barriers to adjustment. While there is much to be said for the efficiency of the work when each agency specializes in one type of service, the system is unduly hard on all those individuals whose personalities are such that they do not make contacts easily. They become confused by too many directions and are unable to find their way through the maze of contradictory advice, a difficult problem for all of us, but utterly unbalancing to this group. It was, therefore, agreed that when cases are referred to the psychopathic clinic for supervision, all agencies active on the family would withdraw and render their particular service at the request of the clinic supervisor and only through her. The psychiatric nurse has training and experience in general family case-work, as well as special psychiatric training, so that she knows when to refer for special assistance, but she always prepares the family to accept it before bringing in a new worker, and then works with her throughout as one of the family. She interprets difficult directions and helps the family to get started on each new experiment. In this way antagonisms are reduced to a minimum, and the family comes to accept almost any suggestions of the supervisor.

Probation should be a period of reëducation and helpful suggestions, a period in which the probationer is given an opportunity to get a better hold on herself and to understand what has led to her being brought into court, so that there need be no repetition of the offense through lack of comprehension. It should be a training period for the establishment, under guidance and encouragement, of different habits and a new attitude of mind. Its purpose is not in any sense to punish, but simply to determine whether or not the probationer is capable of favorable response. It should never be granted where the probationer objects to supervision or is incapable of meeting her obligations. We were determined that it should be a period of actual training, and therefore wanted to rid the whole experiment of as many court restrictions as possible in order to be free to deal with each individual according to her particular needs. Where misconduct is analyzed from the biological and psychological point of view and is interpreted as a mistake or the result of disease or atypical functioning, it is much easier to gain the coöperation of the probationer. Inasmuch as the individuals under consideration are psychopaths or mental deviates of some type, it was not difficult to get permission to use these special methods and to remove the cases entirely from the group that reports regularly. The psychiatric nurses are court officers and have the same powers and authority as the non-psychiatric probation officer, standing in the same relation to the court. This relation, however, is not emphasized, as we want the probationer to feel that she is not going to be forced to conform against her will or to accept conditions in the making of which she had nothing to say. Antagonism is to be expected when the individual feels that she has been checked.

The educational program covers the ordinary, everyday things that come up in every family. Each family's budget is carefully considered and every effort is made to get the maximum return from the income through careful buying and planning. If supplementary relief is needed, it is obtained, but whenever feasible, an increase of income through the suitable employment of some member of the family is encouraged, special plans being worked out for each family so that the highest standards may be maintained without jeopardizing any one member or reducing the parental care of the younger children. Very often the root of the trouble is an acute or chronic financial situation that has piled up troubles until the strain has precipitated an outbreak, and in every instance where there has been insufficient income, it has been impossible to do anything in the way of habit training in self-control until the economic situation was cleared. The drive to possess the essentials of life is tremendous and environmental lack often accounts for petty larceny, forgery, sex irregularities, and alcoholic excesses, the individual reacting on this childish level because he is incapable of finding a solution on a higher reaction level.

Three months are devoted to teaching the use and value of budgets, and the entire family is encouraged to conform through buying and planning with the supervisor and being made to feel his or her particular responsibility in the household. Many are amazed at the results and become quite enthusiastic because they can make their income cover so much more than before. Often they are able to buy a few luxuries, such as victrolas, player pianos, or radios. Quite a number have purchased electric washers—in fact, electric washers have settled all the difficulties in three of these families; there have been no complaints of any kind since the washers were installed.

The clearing up of the economic situation is followed by three months of health instruction, with demonstrations in general and oral hygiene, proper food, special diets, cooking and planning, good sleeping arrangements, care of the house, and the use of hospitals and clinics—this last often one of the most difficult things to get these people to accept because of their superstitions and fears or ill-founded prejudices. During this period friendly relations are established with the Visiting Housekeeper Association, the board of health, and the Visiting Nurses' Association, and through the proper presentation and suggestions the family begins to take a pride in their home, to show an interest in getting up to or keeping up to normal weight, and to look forward to mouth inspection. In fact, oral hygiene seems to be the most popular of all and we are unable to get enough dental appointments to keep up with the demands. By the fourth or fifth month the whole tone of the family is changed—that is, where there is any response.

In the third three months another simple, but important problem is stressed—namely, the family's relation to the school. Neatness in personal appearance, the importance of regular attendance and promptness, courteous behavior and good work, are encouraged and a real interest is shown in accomplishment. The supervisor frequently visits the school and interests the principal and teachers in the case. She also encourages the mother to visit the school and take an active interest in the entertainments and athletic activities in which her children participate. When costumes, gymnasium suits, or tennis shoes are needed, ways are found to provide them and every effort is made to place the children in as normal a position at school as possible and to stimulate the mother to feel her responsibility in their activities, so that she will want to have the cleanest, the best behaved, and the most popular children in school and will be proud of their class records and their athletic and dramatic accomplishments.

So far this outline indicates nothing more than good family case-work, but just as soon as the probationer drops her initial suspicions, an attempt is made to get at her peculiar biases and temperamental make-up and to arouse her interest in herself in order to initiate self-analysis and education in self-control. The simplest principles of mental hygiene are discussed with her and every opportunity offered by the daily happenings is used to illustrate. Issues are faced at once and worked out with her. Every problem is dealt with frankly. There are no reservations and nothing is allowed to assume undue importance. Everything is treated as a matter of fact and receives calm, deliberate consideration. This is the advantage of handling the probationer in the family. Her delinquency does not stand out as over against everything else, but receives only its share of attention and is treated in the same way as any of the other problems that come up—namely, as something to be faced, understood, and worked out. Very little is made of the misconduct as such; attention is rather given to everyday issues as they come up. The psychiatric point of view and method of approach help a great deal, but undoubtedly having the children and the home situation as a background gives perspective and makes it possible to keep efforts at moral training from assuming undue prominence. Moreover the manner of instruction is less offensive in that the probationer analyzes her own conduct with the psychologist, who goes into the minutest details with her if she wishes.

The urges and drives are explained in the simplest terms and illustrated by experiences from the probationer's own everyday life. She is encouraged to ask questions about anything and everything. Emotional and instinctive backgrounds of conduct are also discussed in terms understandable to her, her own particular needs being emphasized. An even better approach is through the children—when we deal with tantrums, emotional outbreaks, extreme shyness, petty stealing, quarrelsomeness, prevarication, deceit, and the like, explaining the cause to the mother and showing her how to handle such problems. To remove the analysis even one step helps because there is none of the reaction that comes when the self is criticized or judged by another.

The more intelligent mothers want the children examined and attend the habit clinic regularly, taking up with the supervisor each new problem and discussing at length the advice given at the clinic. Thus instruction goes along quietly through the daily contacts. There is no moralizing, but every effort is made to get the entire family group to work toward a definite goal within their reach, but beyond what they have already attained, with a few ideals and a hobby to balance things. It would be impossible in a paper of this length to give detailed instructions as to teaching methods and definite procedures because each individual presents a special problem and has to be approached according to her particular personality make-up, but some of the more general policies may be sketched.

1. The delinquency is never stressed, but is dealt with as only one of the many problems to be worked out. It is treated as something that the probationer may indulge in if she wishes, provided she understands what it means and is willing to take the consequences, morality being self-imposed, not superimposed. In fact, moral issues are avoided wherever possible, the probationer having to make her own decisions in every crisis.

2. There is never any negative criticism or fault finding. Only positive gains are commented upon, real appreciation being shown at such times. Disappointment and concern, with encouragement to start over again, are expressed when the probationer brings up her failures; otherwise they are ignored unless they are apprehended by the police.

3. Emotional stresses are reduced by the adoption of a matter-of-fact attitude toward everything; nothing is permitted to lose perspective. All of which means complete self-control on the part of the supervisor, and this in itself is instructive to every member of the family who comes in contact with her.

4. The psychiatric approach is used throughout. With the exception of a better understanding of human behavior and personality types, nothing new is introduced. The procedure is simply a matter of developing in individuals more self-control through a better understanding of themselves and inculcating a simple, common-sense philosophy of life to help them meet difficulties and emergencies. It is carried out partly through definite instruction, but largely through the example of the supervisor. Her abundant optimism, sense of humor, and knowledge of human nature make a strong appeal and very soon establish the frankest relations and call forth the strongest loyalty. She becomes an integral part of the family and serves as a wise and impartial advisor, whom they respect because she does not come as an outsider merely at a time of crisis. As a friend, she makes suggestions, but the individuals are made to feel that they may do as they please about acting upon them—an attitude somewhat different from that in most probation departments, where so much stress is necessarily laid upon moral issues and conformity.

5. Absolute frankness is encouraged. There is nothing too simple or too intimate for analysis.

6. Adequate recreation for every member of the family is insisted upon and suitable employment under favorable conditions is the ideal goal, not just mere occupation for a livelihood. As far as possible the probationer and the older children are placed at work that they are particularly qualified to do and that they like, their employment being used as a means of self-expression. When this is done, the younger children are placed in day nurseries.

7. Supervision is made as unobjectionable as possible and there is no formal reporting.

Success seems to depend upon the ability of the supervisor to carry details, to introduce a definite plan into the lives under her charge, and to bring to bear a thorough understanding of personality make-ups. The whole problem then reduces itself to good family case-work from the psychiatric point of view, the individual being the unit of adjustment, the family furnishing the background for social adjustment, which is gradually extended into the community as problems arise outside of the home.

As to results, the group (12 per cent) that show too little deviation to be placed with the mental deviates are very quickly straightened out by this approach and for the most part are responsive as soon as they see wherein they are at fault and how such conduct only produces further hardships. They are either returned to the court for dismissal after a three-months period, or where it is felt that they cannot manage without some help, they are dismissed from probation, but referred to some social agency for slight supervision.

The psychopaths (40 per cent) have proven the most interesting group because of their varied responses. Many of them are high-grade individuals of good endowment, but so erratic in conduct and so emotionally unstable that their problems of adjustment have, in some instances, proved too much for them. As a group, however, they have done exceptionally well and very few of their families have been broken up except in cases where it became necessary to hospitalize the probationer. But we find that many of them cannot be transferred for supervision to other agencies where their peculiarities of personality are not understood, for they soon return to their former antagonisms and ideas of persecution or unwarranted interference. At the end of their year, after they have made good, release from probation is recommended, but they are continued on unofficial probation and allowed to come in for advice on any problem. The supervisors call when in the neighborhood, but regular visits are discontinued because of pressure of the work and expense.

The greatest difficulty in this group is finding suitable and remunerative employment when the family income is inadequate. A position that offers some opportunity for originality and initiative and involves a little responsibility helps greatly in solving an individual's personality difficulties, serving to drain off impulses and act as an outlet and thus reducing the repression that has led to irritability and emotional instability. The greatest successes have come when it was possible to place the probationer in an employment that satisfied her particular tastes and ambitions. For instance, one young woman who had been a serious sex offender and given to occasional petty larceny had a craving for drawing and mechanical art. She had never had an opportunity for training and had been forced into a disagreeable occupation because of the acute economic situation at home. She was placed in an architect's office, where she developed blue prints at a fair wage and later became so helpful about the drafting room and was obviously so interested in the work that one of the draftsmen noticed it and let her use his drawing tools after hours, later calling the architect's attention to her. She also managed to go to night school and showed some talent, so that a scholarship was obtained for her. She is now assisting in the office and going to night school, supporting herself and her child.

Another girl of a very high type, a high-school graduate, of a good, respectable, middle-class family, was an accidental sex offender and had taken her delinquency so seriously that she had developed a psychoneurosis as a result. She was thoroughly unmanageable on the hospital wards following confinement, refusing to care for her baby, although she was devoted to it spasmodically and would not give it up. When dismissed from the hospital, she refused to do office work—

although she had been an excellent accountant and bookkeeper—and would not go home, neither would she give up the child. She said that the only place she would consider was that of a governess in a fine family. Eventually such a place was found for her. She quieted down emotionally, the psychoneurosis cleared, and she has continued in the same place over two years, highly respected by the family, who know nothing about her history. She has the baby in a boarding home and spends her week-ends and Thursdays with it, being entirely responsible for its support as well as her own.

There are repeated successes with individuals in doctors' offices, and a few are succeeding as practical nurses, both positions ordinarily closed to offenders. Quite a number of our younger women want to go into social work and while this has not been tried as yet, if suitable openings occur, the more hopeful probationers may be recommended. Still another type does well at making salads or frosting cakes, and some are making good as tailors' assistants. Housework is never forced on any probationer, as we believe that it is not only objectionable to them, but one of the most dangerous occupations for them because of the impossibility of adequate supervision and the great possibility of injustice and unhappy relations, a condition that is made worse by the isolation and the anomalous social position—both abnormal.

The second hardest problem is the provision of adequate and appropriate recreation. As a group, these women are difficult to entertain, not only because of the small children, family responsibilities, and acute economic situations, but because they have had absolutely no experience of wholesome play. Many of them have known nothing but hard work and privation, and their misconduct is simply a form of rebellion. They are so circumscribed in their interests that in some it is often almost impossible to arouse the play spirit, while others want to do nothing but play and have chosen objectionable forms of amusements that have proven all-absorbing. As yet this problem has not been solved satisfactorily. We have tried to establish local social centers and mothers' meetings, to stimulate interest in school entertainments, and to encourage family excursions. For the older children the problem is simpler. But our probationers are not as yet getting all that they should have in the way of recreation, and in so far as we have failed in this particular, they are not leading an entirely balanced life, which probably accounts for some of the failures.

One of our interesting failures is a woman of thirty-two years of age with four thoroughly incorrigible children who are destructive and general neighborhood nuisances. The woman is a high-school graduate and occupies a good position in a downtown office, which takes up her days. The evenings she spends at an art club or attending concerts, when she is not practicing on the piano. Although the children go about unmended and partly clothed and the landlady and neighbors complain because of their depredations and immoral conduct, the mother states quite openly that it is not to be expected that after working downtown all day she should spend her evenings sewing on buttons or bathing four noisy, dirty children. Yet she refuses to permit them to be placed in boarding homes where she could see them without having any of the responsibility of their care—not even the expense, as the county would pay their board. The mothers'-pension department made every effort to get her to give up her position, offering to increase the pension and provide supplementary relief, but she will have none of it. She was finally referred for psychiatric service, but nothing has been accomplished. No approach has been found whereby we could get any hold. She is now becoming more and more paranoid. It was, therefore, recommended that probation be discontinued, the pension revoked, and the children placed for boarding care.

In another case the probationer's artistic bent was used to advantage in furnishing the home. This woman had been promiscuous—in fact, had earned her living by prostitution. She had four illegitimate children, each with a different father, but she was strongly maternal and determined to keep her children, although one had been taken and placed for adoption and two had been placed in boarding homes. The fourth she had hidden and denied, believing that it was to be taken by the court. So devoted was she to this child that it seemed unwise to remove it, and she mourned so much over the loss of the others that it was decided to try the experiment of letting her have them, as it was the only thing that had not been tried. Her family had denounced her and she stood alone, but she maintained that if she could have a home of her own, she would be content with the children. Through friends of the clinic's a three-room apartment was furnished. She repainted the furniture, stenciled the curtains, made table runners, upholstered the old chairs, and darned the strips of carpet, making an attractive little place out of cast-off materials. She has since bought a sewing machine, makes all her own clothes as well as the children's, keeps her house immaculately clean, and apparently is perfectly happy—even finds time to read an occasional novel and keeps up two housekeeping magazines. Her children are being brought up according to modern methods and report regularly at the baby and habit clinics. There have been no lapses, although she is now completing her second year.

The third group, the mentally defective (48 per cent), while not so interesting, perhaps, as the psychopaths, are surprising in their responses. Being defective, they cannot be given the same help through analysis and simply have to be directed. Where physical conditions can be controlled, they give very little trouble, being for the most part good conformists when they are shown what is wanted, although they may not always understand and require permanent intensive supervision. They can be taught to keep the children clean and in school and the house in fair order, and many of them can even live according to budget and follow general hygienic principles, reporting to clinics and hospitals when necessary. In fact, as a group they give the least trouble of any, when the situation is not complicated by peculiarities of personality. It is important to have their physical conditions as good as possible and essential, because of their suggestibility, that they live in a neighborhood free from evil influences. They can be kept out of trouble through intensive supervision provided their wants are taken care of. They are generally not aggressive, but docile, and their difficulties come about because of inadequacies. Where there are personality difficulties they are a very difficult group, and in case of failure after a reasonable trial, they are persuaded to place the children for boarding care. If their condition warrants custodial care, they are recommended for commitment to the state training school, but because of the crowded conditions there, they have to be continued under supervision many months, often two or three years, before transfer.

In this work, as elsewhere, the sex offenders give the greatest trouble. The biological urge is great. With their craving for protection and affection, the problem of male companionship is a difficult one. The drive may be normal, but social conditions are often such that these women are an easy prey, not only because of the economic situation, but on account of the loneliness and emptiness of their lives. They want to be like others, but are not in a position to make friends. Moreover, we have not as yet found a substitute as exciting or interesting as this type of companionship and have very little to offer them. If they are to remain in the community, some provision for normal friendships must be made. While adequate incomes, favorable home conditions, and suitable employment will help materially in straightening out sex difficulties, they alone cannot be expected to satisfy this drive. We are not only permitting, but encouraging friendships and are being reasonably successful with this group, but we are far from having solved the problem. Probably because of the children, our successes are running a little higher than in the general group of probationers, but even so the poorest returns occur here.

Probation is considered successful when the probationer has kept out of serious difficulty—such as larceny, drinking, sex offenses, and neighborhood wrangles—for a period of one year and has maintained the minimum standards in the home, such as keeping the children reasonably clean and in school, the house in fair condition, and the family life in accord with the simpler rules of hygienic living—which means at least some improvement in self-control. Accurate grading is, of course, impossible, but we judge the results on the basis of actual home conditions, whether or not the family is receiving supplementary relief, and the type of contacts with social agencies still necessary at the end of the year. On this basis, the following results have been obtained:

One hundred and sixty-two families, representing 645 children, have already been cared for. Failure has resulted in 23 per cent of the cases largely because of mental conditions.

Seventy-one per cent of these had to be hospitalized; the remaining 29 per cent are still being carried.

Of the successful group (77 per cent), a third (36 per cent) have been discharged from probation and released from all supervision. Another 36 per cent have also been released from probation, but have been transferred to other social agencies for supervision. The remaining 31 per cent are still in their first year of probation.

METHODS EMPLOYED IN AN EXPERIMENT IN ADVISING A GENERAL SOCIAL CASE-WORK AGENCY ON PSYCHIATRIC SOCIAL PROBLEMS

HELEN L. MYRICK

Organizer of Psychiatric Social Work, The Illinois Society for Mental Hygiene

DURING the first years of its existence, the Illinois Society for Mental Hygiene attempted to deal directly with individuals who were in need of psychiatric examination and social or institutional care. The amount of work involved, however, was too great at all times to be carried on adequately by the staff that the society could afford on its budget. The result was that the many acute emergency cases in need of commitment left no time for dealing with the earlier cases of personality disorders. With the reorganization of the society in January, 1923, it was felt that more could be accomplished by means of an educational campaign with the social agencies who had been referring their cases to the society. According to this new policy, the society advises the various social agencies with regard to their cases instead of taking over the cases from them.

In order to broaden the scope of mental-hygiene work, and to reach the early cases in need of it, the society decided to do an intensive piece of advisory work with one representative social case-work agency. The United Charities of Chicago was selected because of the wide field of its activities and its enlightened attitude toward mental hygiene. This organization as a whole and the workers individually welcomed the suggestion most cordially. Their keen interest and their eagerness to coöperate with the advisor greatly facilitated her work.

Before starting this work, an informal survey was made of the local psychiatric clinics, in order to secure accurate information regarding their hours and personnel. An effort was made also to learn from the clinic workers what problems had arisen in their coöperation with the Charities. Since only two out of eight psychiatric clinics had psychiatric social workers on their staffs and no special study of problems had been made, it was impossible to obtain anything more than general impressions. None of the clinics had worked out a psychiatric social-history outline for the use of social agencies except one children's clinic, which had sent out a very complete questionnaire that was being used for a special study. As a first step in the work, therefore, a list of psychiatric clinics was drawn up, with the address, telephone number, type of patient, hours of admission, name of chief clinic worker, and names of the attending psychiatrists of each. This was sent out to the ten districts of the United Charities and to other social case-work agencies of the city.

In order to become acquainted with the personnel and the general problems involved in their cases of behavior difficulty, the advisor visited each of the ten districts of the United Charities. Some of the more acute problems arising in each district were discussed with the superintendent, and she was advised as to the next step to take in investigation or treatment. Of necessity this was only a superficial survey, not more than two hours being spent in any district office. Facts were obtained in regard to coöperation with and use of psychiatric clinics, the predominant nationality of the clients in each district, the average case load per month per worker, the outstanding psychiatric social problems, the attitude of the district superintendent toward them, and the need felt by her and by the case-workers of further psychiatric social knowledge.

It was found that the workers were familiar with the obvious indications of mental disease and that they were especially well informed as to the legal processes of commitment of the insane and the feebleminded. They were reading on the subject of psychiatry and they had taken courses in psychology and psychiatry. They were all puzzled, however, by the difficult matter of social treatment of nervous-mental cases in the community. This matter, therefore, was considered most intensively by the advisor.

After the rounds of the districts had been made, one of the smaller outlying districts was chosen as a laboratory in which to work out some definite method of advising intensively on psychiatric social problems. The superintendent of this laboratory district made a list of all the cases that she and her case-workers considered to be in this category. The records of these cases were read by the advisor, and each case was discussed with the case-worker and the superintendent together. These discussions emphasized the necessity for some written form of comment to be filed with the record, that the worker and the advisor might have it for constant reference in talking over and in working out the problem.

In order that the record might be analyzed carefully, the social problems involved were listed according to Southard's *Kingdom of Evils:* disease, mental and physical; poverty; ignorance; bad habits; litigation. For the sake of accuracy and convenience, in addition to the listing of the social indications of disease, the diagnosis, with date and source, was listed under mental or physical disease whenever it had been obtained in a case. A comment on the personality phases of the social problems was written under the headings of the main social interests: health, mental and physical; economic conditions; education; habits, including recreation and religion; legal questions. The comment and the analysis were typed on letterheads of the Illinois Society for Mental Hygiene and filed with the United Charities' record. One copy is kept on file in the society's office.

It was found best for the advisor to read the record impartially, to analyze it, and to comment on it before discussing it with the workers, since the workers frequently have in mind much personality data the significance of which they fail to see and which therefore they neglect to record. It is as important to point out the necessity for more complete data on personality as it is to advise on the immediate problems. The discussion of the case, which was held after the case-worker and the district superintendent had read the analysis and comment, was always a frank and objective exchange of ideas and points of view. The emphasis was placed upon the personality of each member of the family and the interplay of their personalities. When any question of social treatment arose that required special knowledge which the worker did not have, she was given references. For instance, when an epileptic man was being considered and the worker stated that she knew very little about this condition or its treatment, she was advised of the importance of following the doctor's recommendations and was given references on the subject of epilepsy. In the same case, the oldest daughter, a high-school girl who had always appeared to be well-behaved, suddenly disappeared from home. She was found a few days later in a lodging house. She did not wish to return home because her epileptic father was so ill-tempered. The worker, being unfamiliar with the psychology of the adolescent girl, was somewhat at a loss to understand this girl and to know how to help in her social adjustment. Of course practical advice and information were given the worker, but in order that she might understand the situation better she was given references on the psychology of adolescence.

No advice as to social treatment of any case was given until the patient had been examined and diagnosed by a psychiatrist. The record was studied and commented upon in order that further steps might be suggested in the securing of data upon the behavior and personality of the patient for the use of the psychiatrist in his examination. Frequently advice was given as to the clinic best suited for the particular type of case in question. Many of the records were of long standing and contained much social information which would be of use to the psychiatrist. Therefore, a simple form of psychiatric social-history outline, based on White's outline,[1] was prepared with the workers to guide them in summarizing their records for the psychiatrist and in gathering facts from outside sources. One or two test cases were worked up by the workers for examination and criticism by the medical director of one of the clinics.

After these methods had been developed and put into use in this laboratory district and a brief reading list had been distributed to all of the districts, the advisor conferred with the assistant general superintendent upon all of the questions and methods that she had been considering. The problem was considered of covering all the other districts in the same way. It was decided that each district should be dealt with intensively, while any acute problem that might come up in any of the other districts could be taken up with the advisor by telephone or the record could be mailed to her for comment. The assistant general superintendent arranged with the district superintendent of the next district to list her cases of personality problems. The advisor then visited this new district and read, commented upon, and discussed the cases there.

---

[1] See *Outlines of Psychiatry*, by William A. White, M.D. Washington: Nervous and Mental Disease Publishing Company, 1923. Chapter XIX.

The need of advising, from time to time, upon cases which the workers had developed in accordance with the first suggestions made by the advisor was met by informal discussions over the telephone, and also by routine interim analysis and comment, of the same nature as that originally given, every four or five months. This checked up on the suggestions already made, and kept the psychiatric social advice up to date in the record. This interim effort involved a day or more of work in the old district, at which time new cases were commented upon as well as the old ones.

The comment on cases that had been diagnosed by a psychiatrist was based upon his diagnosis and recommendations. It took up questions of the social adjustment of the patient in his family, in his work or school, and in his recreation. Frequently the diagnosis was interpreted socially to the worker. All medical terms were avoided except those used by the examining psychiatrist. *This comment was in no sense a summary* of the record, but considered questions of social investigation and social treatment from the psychiatric angle, as the following analysis and comment shows:

ILLINOIS SOCIETY FOR MENTAL HYGIENE

March 15, 1923
Western District

ANALYSIS OF CASE OF SMITH

Henry, patient, born U. S., 1886
Mary, born U. S., 1889

Disease

Mental

Diagnosis and recommendation: Constitutional psychopathic inferiority; work and clothing; Fifth St. Dispensary. 10-16-23
Excitability, spouse
Over-ambitiousness
Desertions
Extravagance of patient and spouse

Physical
    Diagnosis of mother: Manic-depressive psychosis; State Hospital. May 20, 1899
    Clubfoot, spouse
    ? Heart trouble
    Death of three children in infancy
Poverty
    Industrial restlessness
    Dependence on relatives
Ignorance
    Lack of education of spouse
Vices and Bad Habits
    Nagging spouse
    Begging, patient and spouse
Legal Questions
    Commitment of mother to State Hospital, May 20, 1899

COMMENT ON CASE OF SMITH

Henry, patient, born U. S., 1886
Mary, born U. S. 1889

Health

Mental: This type of case is border line and may, of course, develop mental disease eventually. On the other hand he may remain as he is for the rest of his life. The social treatment, as indicated by the psychiatrist, is to try to stabilize him by means of work. It is unfortunate that he got out of his rut in his old place where he has worked for so long. If you could convince his employer that patient is merely a harmless person with many ideas, but no force of character to carry them out, could he not get back there? His wife's excitability, extravagance, and nagging would indicate the need of a psychiatric and psychological examination. You understand points of view both of patient and his wife, but there is nothing in the record to show that you have discussed with them possible means of adjusting more successfully to one another. There is no recent report of the children's behavior at school, and the report of John's molesting a girl, 2-7-20, never was followed up. What do the children do in their leisure time? What do they think about? How do they get along together and with their parents?

Physical: No mention is made in your report from Fifth Street Dispensary of any findings of heart condition in patient. Apparently reports of this in past were patient's own idea. The miscarriages and death in infancy of so many children indicate possibility of venereal infection. Cannot patient's wife be persuaded to have a general examination if she realizes that the result may be that she can bear children who will live? Does she wear a correct shoe for her clubfoot?

Economic

What kind of apartment have they and what sort of neighborhood are the children growing up in? Have they really stopped begging now?

Education

History of schooling of both patient and his wife is very meager and it would be of assistance in a psychiatric examination of his wife. This examination and psychometric tests would aid you in deciding whether it would be advisable to attempt to teach her methods of housekeeping and budget making.

Habits, Religion, Recreation

No church connection is mentioned; is that because there is none or is it an omission in the record? The Ethics Society might appeal to patient because he could hear good speakers on subjects which interest him. What about their sex life? Is there maladjustment there which may cause some of the friction? What are the children's habits of hygiene? What form of recreation do they have besides the movies which you mention?

Remarks

This seems to be a border-line case in all its social phases. Patient is border line in his mental state, and his economic state; so far he has not become legally involved. The social treatment indicated is to establish economic stability, to create a better understanding between patient and his wife, to study the children, to secure a physical and mental diagnosis and treatment for patient's wife, and then to supervise them, not so closely as to increase their dependency.

In this effort to advise the district case-worker on psychiatric cases, it was felt that a few good case records prepared by a psychiatric social case-worker in her clinic would be of great value in showing the methods, technique, and form of record used. Such records were not available at the time, but eventually they will be available for experimental use in this way.

Occasionally the case-worker would suggest that the advisor interview the patient, in order that she might form an opinion of his condition. This sort of request was always refused, because the advisor was not a psychiatrist, but a social worker and therefore she could not examine the patient. It also seemed poor pedagogy for the advisor actually to do any of the psychiatric social phase of the case-work instead of teaching the worker to do it. It is important to realize, in this type of advisory work with a general case-work agency, that the workers have many types of social problems to consider in all of their cases and that they are more than busy with their routine case-work and with the inevitable emergencies. Hence it will take time for them to realize the practical value of psychiatric social advice, even though they do fully appreciate it theoretically. The advice and suggestions at times have to work like leaven; their usefulness, the point of view indicated, must be permitted gradually to permeate the worker's mind. The chief aim of this work is to give the social case-worker the psychiatric-social point of view.

THE CARE OF DEFECTIVE DELINQUENTS AT BRIDGEWATER, MASSACHUSETTS

SANFORD BATES

Commissioner, Massachusetts Department of Correction

ON November 30, 1923, the Department for Defective Delinquents at the state farm at Bridgewater, Massachusetts, completed its first eighteen months of existence. It may safely be said that this venture has passed beyond the experimental stage and now gives promise of becoming an important part of the classified correctional system of Massachusetts. It is still one of two or three institutions of this character in the country, and I am taking this opportunity to write a brief account of it, not only as a convenient method of answering the inquiries that are constantly being made as to its workings, as well as to the principles that underlie its establishment and operation, but also that other states may have the benefit of our experience.

The law of 1911 was intended to segregate the defective delinquent for special treatment—to classify, in a group less penal and more remedial in nature than the ordinary prison community, the offender who after careful examination gave evidence of mental defect that had led to criminality. This act was intended to eliminate from the institutions for the feebleminded the incorrigible and disturbing individuals who made the administration of such institutions so difficult, and to remove from the reformatories and prisons those individuals upon whom, by reason of some mental or constitutional deficiency, prison discipline had no effect.

The object of the law may be said to have been now fully attained. The schools for the feebleminded in Massachusetts, if we may believe the statements of their superintendents, are very much improved since the disturbing elements have been removed to Bridgewater. The Massachusetts Reformatory at Concord has likewise been relieved of a difficult problem, and is rapidly becoming more truly a reformatory for first offenders and for those whose regeneration is more hopeful.

From the start it was recognized that the indeterminate nature of the commitment to the Department for Defective Delinquents and the possibility that inmates might be retained for a long time must be compensated for by some lessening of the rigors of a prison commitment. Separate, individual rooms, not cells, ample recreation hours, good food, and systematic management have combined to carry out this idea.

However much the emphasis is to be placed upon treatment rather than upon punishment in such cases, the community is nevertheless entitled to protection against the type of inmate brought together under the caption "defective delinquent". It is essential, therefore, that close control should be maintained over them; and it is likewise important that so far as possible this group should not be permitted to come into contact with other classes of prisoners maintained in separate departments of the state farm. In general, this rule has been scrupulously observed.

The institution was fortunate in securing the services of an ex-army officer of sympathetic temperament, who seemed from the start to understand this problem and to make an appeal to the boys and men under his charge. He immediately put the department upon a military basis, and on such basis it is being conducted. These individuals of feeble mind and backward mental tendencies need just the guidance and stimulus that comes from a daily ordered routine. They rise by the gong; they make their beds and clean their rooms with scrupulous neatness; they march in platoon formation to and from their meals and to and from the shops. They seem to approve and take pride in a system that requires prompt obedience and soldierly bearing.

Many of these boys failed in the loose environment of outside life or under the necessarily slight control possible in the schools for the feebleminded. Now that they know they cannot escape, their conduct is tremendously improved. Several visits by the superintendents of the schools for the feebleminded and by others who knew these boys in outside life have brought expressions of surprise at the change wrought in them by submission to discipline and regularly ordered living. After breakfast every morning there is a short and snappy setting-up drill, from which the boys are distributed to their shops. Between 30 and 40 of them are employed in a separate shoemaking establishment. Ten or a dozen, of the higher grade of intelligence, are engaged in cabinet making and carpentry; and 15 or 20 more operate power looms in the manufacture of cotton cloth. During the summer it has been possible to employ from 25 to 35, under close supervision, on the large farm maintained in connection with the state farm. The rest are kept busy in the dining room and recreation room, and the few who are still capable of profiting by school instruction receive that opportunity. On November 30, out of a total population of 98 boys, 86 were engaged in some real occupation. It is the policy of the supervisor not to keep a boy too long at one task, but to retain his interest in his work by frequent changes. Daily recreation periods of an hour at noon and 15 minutes in the middle of the forenoon and afternoon keep up their spirits and tend toward better work. The food is simple, but wholesome, and no complaint has been heard from the boys that they did not get enough to eat. The health of the inmates has been remarkably good. Whether or not freedom from sickness is a concomitant of mental defect is yet to be determined, but it remains a fact that boys of this disposition can stand exposure and privation with much less physical deterioration than men of finer sensibilities.

One hundred and eight boys have been either sentenced or ordered transferred to this group. They range in age from seventeen to twenty-five years. Forty-one have been ordered transferred from the schools for the feebleminded, 2 from the Massachusetts Reformatory, and the balance have been directly committed by the courts of the commonwealth.

It was early recognized by the Department of Correction that in order to keep the atmosphere of a school or remedial institution uppermost in the minds of the inmates and their friends, it was better not to make transfers directly from the prisons or reformatories to this group, and with two exceptions this has not been done. Wherever a case of defective delinquency occurs in a prison, therefore, it is felt to be better to allow the man to be discharged and later be committed to the Department for Defective Delinquents directly by the court.

Foreseeing the possibility of a misunderstanding of the purposes of this department, we secured the services of Mr. Thomas F. Foss, agent, whose previous experience and insight into this work have made him a valuable asset in its establishment. He has been present in court at almost every commitment and has materially assisted in the proper selection of the candidates. Generally speaking, the courts have been ready to appreciate the function and purpose of this institution and have used such care in the commitment of men as materially to assist in the success of the experiment.

A satisfactory agreement has been reached with the Board of Parole whereby they will not release inmates except with the approval of the medical director in charge, the supervisor, and the agent. Ten men out of a total of 108 have been released since the establishment of this department. This was done only after careful investigation of home and industrial conditions. In 9 of these cases the men released have succeeded in a remarkable fashion. It was necessary to return one man who had been paroled. The coöperation of the Board of Parole in this matter is greatly appreciated. It thus becomes apparent that parole from this institution is not a matter of right or favor, but is dependent solely upon the condition of the inmate and the probability of his succeeding outside. At the same time hope is held out to every inmate that if he succeeds in improving himself, he may yet be given another chance outside. Undoubtedly there may be some who will always be custodial cases. In fact, the very small number of requests for release from this department indicates that the great majority are properly classified and, for the present at least, are satisfied with the environment in which they find themselves. This condition also testifies to the correctness of the diagnosis that sent them there. When a boy is so mentally enfeebled as to be unable to hold a position, when his liability to succumb to temptation readily guides him into difficulties with the police, when his family become so discouraged as to drive him from home, it is at once humane for him and necessary for the public protection that he be committed.

Eighteen months ago the segregated care of defective delinquents, based on a ten-year-old statute, was admittedly an experiment. To-day it may be said to have taken a long start toward successful operation in Massachusetts. The elements of this success are, briefly, close confinement; rigid discipline; kindly and humane treatment; the precision and prompt obedience required by military control; constant employment in industry or farm operations, with frequent change in occupation; sufficient rest and recreation periods; confinement, not in dormitories or cell blocks, but in individual rooms with outside windows; accurate diagnosis before commitment, based upon examinations by competent psychiatrists; and, last but not least, the always present hope in the minds of the inmates that some day they may progress far enough to take their places in the community once more.

To the working out of this venture credit is due in no small measure to Dr. Frank H. Carlisle, the retiring medical director at the Bridgewater State Hospital, Mr. Henry J. Strann, superintendent of this large institution, and Mr. J. Arthur Taylor, for their sympathetic advice and counsel, born of long experience in handling the misdemeanant class of prisoners; to Mr. Thomas F. Foss, the agent and field representative of the department; and to Captain Daniel O'Brien, whose intelligent and devoted interest in the boys has engendered their loyalty to him and made him a valuable supervisor over a most difficult class of inmates.

THE PLACEMENT AND SUPERVISION OF MENTAL DEFECTIVES IN THE COMMUNITY*

ALICE RAYMOND

Head Social Worker, Wrentham State School, Wrentham, Massachusetts

MENTAL defectives have been cared for in the community by the Wrentham State School since 1914. The system of placement and supervision has been developed very slowly and conservatively under the guidance of the superintendent. In his 1914 annual report to the trustees of the school, Dr. Wallace first suggested the possibilities of such care for boys and girls. He wrote, "Boys and girls whose mental and moral defectiveness is not extreme, who have profited by a period of institutional education and care, who have, perhaps, been tided over a few critical years in their lives—these, we are reasonably hopeful, may do fairly well in the community, provided we carry institutional supervision to them in the form of a good visitor, while also having them report to the institution at certain periods. I believe this is one method whereby a school for feebleminded can extend its work and bring a larger number of feebleminded under supervision than can be maintained within the institution grounds." Shortly afterwards a few patients were placed in the community under supervision. The work has seen a steady, cautious growth during the eight years of its history.

Some of the general principles that have guided the school in the placement and consequent supervision of feebleminded boys and girls may be of interest. A study of 206 cases of children on parole—128 girls and 78 boys—during the years 1921–22 has been made, with the result that some facts have been brought out quite clearly. The conclusions derived from these facts certainly have helped us to modify certain policies, and we trust that they may help clear the way for other workers in the field.

---

* Read before the Forty-seventh Annual Meeting of the American Association for the Study of the Feebleminded, Detroit, June 15, 1923.

Patients were first allowed to leave the school on trial visits of six months, which might be extended into indefinite parole. The length of this trial visit was later made one year. Now the patient leaves on a trial visit of indefinite length, an effort being made to make him feel that the continuance of his stay in the community depends on his good behavior. A 1922 act of the state legislature permits such indefinite leave of absence with continuance of jurisdiction.

During the years 1921–22 children were paroled in three ways:

1. By extending the summer vacation, in selected cases, into indefinite visits.
2. By allowing children to go to the homes of relatives who applied for their parole.
3. By placing children in working or boarding homes selected by the school.

Vacations are granted to three or four hundred children every summer. The majority are the younger children of school age who, as automatically as do the children in the public schools, go on summer vacation at the end of June. The vacation periods range from two weeks to two months, depending largely upon the home situation. The investigating of homes in which doubtful situations might exist was turned over to the social-work department last year, and supervision was undertaken in cases referred by physicians. In a few of these cases vacations have been extended into indefinite visits.

The second group, that of children paroled into homes of relatives who have made application, contains a large number of our cases. The applications come directly from relatives, or from lawyers, state officials, and others who have become interested in the cases as presented by relatives.

The third group of children paroled are those deliberately chosen by the superintendent and staff and placed in working or boarding homes recommended by the social worker. A small fraction of the whole are in boarding homes—homes in which the children pay their own board, being employed outside. It has been difficult to find the right type of boarding home, in which the child will have adequate supervision during enough of the day. In working homes supervision is possible during twenty-four hours of the day.

The placement in working homes most closely approximates the ideal, from the social worker's point of view. Here it is possible to place the carefully selected child in the carefully selected home. The placement of children in the first two groups is more or less beyond the control of the social worker, since the children are returned to the homes of relatives and often into the same environment as before commitment to the school, which, indeed, was often made necessary by the questionable conditions of the environment. Intensive supervision in these homes is usually necessary. This may be obviated to a certain extent by contact between the relatives and the staff or social worker previous to parole. The psychological moment for impressing the seriousness of the matter of parole upon the person who is to be directly responsible for the patient is the moment when the person comes as a supplicant asking for the child's release. This is a very opportune time at which to review with the relative the difficulties that the child had presented to him before commitment, to emphasize the probability of the outcropping of old traits, and to advise as to the best ways of meeting such probable situations. One occasion when warnings and suggestions are welcomed is at the actual time of placing the child in charge of the person who is to be responsible. This may take place at the school, provided the person calls for the child, or at the home, if the worker takes the child there. We attempt to make a simple ceremony of the occasion of leaving the institution, as is done in the case of the child who graduates from a public grammar or high school. A preliminary talk is held between the child and the social worker, in which the conditions of parole are explained. At the time of leaving the school, a parole card is signed by the superintendent, the patient, and the employer or relative. This card states the conditions of parole and the promise of the child to endeavor to follow them with the assistance of his relative or employer, under the supervision of the school. This card is a matter of considerable pride to the possessor, who regards it as his permission to make a fresh start in the world. The joy of most of these children at the actual moment of going out into the world is pathetic and inspiring. To the worker it is often a cause for genuine envy. At least there is a never failing thrill at the prospect of the child's starting out to make a new record on a clean slate.

In the three types of placements mentioned, the social worker's duties in regard to the actual placement vary considerably, as do the principles underlying the selection of patients for placement.

The matter of selection of cases for parole is one settled by the superintendent, who in turn depends upon the staff for their intimate knowledge of the patient's institutional history and upon the social worker for her information concerning the social conditions in the home and the community where placement is proposed.

Some comments, from the point of view of the social worker, upon the principles underlying the selection of patients to be paroled may be of interest. In the first group—those whose vacations are extended into indefinite visits—the ability of the child to get along well in the community is the most potent argument for allowing him to remain in it. Through a demonstration period varying from the regular two summer months to an extended vacation of six to twelve months, opportunity is given for the child to show how he will respond to the guidance of his relatives and to the influences of his environment. Often relatives write to the school of industrial opportunities that are presented to the children during the vacation visit. Several successful placements have occurred as the result of these preliminary visits during which the relatives have had a chance to enlist the aid of interested individuals in the community. These community helpers are able to observe the child in community life and, because of their knowledge of his liabilities and assets, are able to render more intelligent aid in his placement than is possible in a placement directly from the institution. A combination of this kind of community help with definite supervision by the school offers very promising possibilities for the working out of a systematic plan under which this preliminary period of observation might be made to coincide with the period of vacation.

Considering now the principles of selection of the second group—those who are paroled into the homes of relatives—we find that the matter of selection, or at least the order of selection, depends to a large extent upon the application of relatives. The school so far has not taken the initiative in seeking to replace children in their homes. It may be that with an increased staff of social workers such an experimental attempt will be made. The possibilities are alluring. If the social worker could establish a contact with the family of the patient previous even to his commitment, through the taking of a complete family and personal history, then during the years of the child's training at the school, in keeping the relatives posted concerning his progress, it would be possible gradually to take up the matter of parole. Relatives would be more willing to accept advice as to the right time for making application for the children's return to the community. In cases where permanent institutional care seemed best, it would be possible gradually to persuade relatives to do the wise thing for the child.

The policy of our superintendent at the present time is to have parents call at the school as often as possible in order to talk over the progress of the children. In this way they obtain first-hand knowledge of the results of the training that is being given. Many a parent is looking forward to the day when, in the judgment of the superintendent and his staff, the training given by the school will make it desirable for his child to return home and take his place as a useful member of society. In the field work, the visitor could do much in the way of carrying information and encouragement to such a parent during the child's period of school training. However, with the present limited personnel of the social-work department, work with relatives begins with the investigation of the home offered for the child whose parole is requested.

The request may come directly from relatives, and frequently there are persons in positions of authority in the city and state who bring much pressure and influence to bear upon the case. Again and again these intelligent people will withdraw such influence after a talk with the social worker in which information is given on the subject of feeblemindedness in general and the parole of their protégé into a definitely undesirable environment in particular. Very often the request comes through a lawyer employed for the purpose. In too many cases people make real financial sacrifices in order to have their simple request brought to the attention of the school in legal form. Contact between school and family through the social worker during the child's years of training in the institution would offer opportunity for instruction on this point and others.

Since the parole ot children of this second group depends almost entirely upon the relatives' taking the initiative in making the application, we find the situation with which so many of you must be familiar—the appearance of reapplications for the parole of a child month after month and year after year. True, the social worker can do something in the way of dissuasion through the repeated home investigations she is asked to make. But she feels that her best contacts could have been made years ago—before the first request for parole, even before commitment. The writer feels that merely as a measure of economy—economy of time and money—not to mention the infinitely important question of good feeling toward and coöperation with the institution, the social-work department of schools such as ours should be allowed adequate personnel for preventive work of this and other kinds. With the organization of community supervision of feebleminded persons under the immediate direction of the state department, such work may be developed. A definite program for the general supervision of all feebleminded persons in the Commonwealth of Massachusetts is now being developed. The machinery has been put in motion; workers have already been employed to make a beginning on this work of far-reaching importance and of yet uncalculated possibilities. Considering the general attitude of the people of the state toward such social movements, one is led to believe that the work will progress rapidly and sanely.

When we come to consider the selection of patients for parole into working homes, we find that very definite principles may guide the trustees, superintendent, and staff, and that the social worker may play a very definite part in this selection. The whole question of the selection of the patient is so bound up with the matter of actual placement that the two may well be considered at the same time.

Our general plan is for the superintendent and staff to draw up the list of names for parole. These names are suggested by the physicians, who, through consultations with teachers, matrons, and employees, have obtained information concerning the patients' temperament and disposition, moral reactions, habits, and social relationships, the nature and quality of their work in school and industrial classes, and the general work of the institution. Usually patients with desirable personality traits who possess no marked antisocial characteristics and who have been in the institution long enough to form habits of neatness and industry are eligible for this list. This waiting list is available when homes are available.

Working homes for girls are obtained in several ways. The employer tells an acquaintance of the satisfactory services rendered by one of our girls, and agencies and helpers recommend application to the school by persons interested in the work. So far no publicity has been given to the placing of our mentally defective girls in homes where they earn wages. The majority of prospective employers have come to us with a knowledge of at least the first principles of the supervision necessary, and careful explanations of the general problems of such supervision are given to each applicant. An attempt is made to impress him—or more often her—with the responsibility of the undertaking. Very careful investigation of the home is made, with special attention to the personalities of the members of the family. We find that many a respectable home, with all physical comforts, where suitable recreation is available, proves the wrong one for a particular girl. The reaction of the personalities of the members of the family upon her may prove quite unwholesome or even disastrous. A careful study of the personality of the particular girl in the relationships of the daily life of a particular family may reveal the cause of her failure to adjust herself and to live happily.

We had recently an example of such a home, which proved unsuitable for one type of girl, but seems at the present time to fill the needs of another. It is the home of a young physician. He and his wife, who is totally deaf, are the only members of the household. Because of the woman's disability, a girl of considerable intelligence is needed in order to take telephone messages, usher patients into the office, and so forth. The woman is attractive, dresses well, and has a group of lively young women friends. Because of her own affliction, she is highly sympathetic toward others with afflictions, physical or mental. The doctor is a veteran of the World War with a distinguished record, a man who is genial, kindly, and high-minded. Both the man and the woman gave promise of intelligent, sympathetic, kindly supervision of a mentally defective girl. Mabel, the first girl placed in the home, had shown ability in the institution hospital. Her sympathetic treatment of patients, her expressed desire to become a nurse or a nursemaid, coupled with her high intelligence quotient and pleasing personal appearance, led to her placement in the doctor's home. Our highest hopes seemed about to be realized when her employer reported her success in taking telephone messages, her pleasing manner in receiving patients, and her willingness to take directions in performing her house duties.

But gradually we noticed signs of dissatisfaction and unhappiness. During the worker's visits, Mabel showed signs of resentment when the conversation did not at every turn bear directly upon herself. The girl praised the doctor highly, commenting upon his ideal qualities as a husband. She refused to notice the dog, the object of its mistress' affection. She suddenly refused to go again to the movies with her employer declaring, "I never cared anything about them." She told the worker of a conversation between the doctor and his wife, in which the question of buying another dog was discussed. Mabel said to the worker, "I should think the doctor's wife would rather have a baby than buy a dog, shouldn't you?" Gradually her admiration of the doctor and her jealousy of the young wife became more evident. She neglected her work, her neatness changed to untidiness, and, most serious of all, she sought the attentions of a man. This incipient love affair led to her return to the school.

Jennie, a girl of lower mental age, was next chosen to go to the doctor's home. She was less attractive physically than Mabel, but had shown herself neat and willing and able to assume considerable responsibility. As waitress in the officers' dining room and as the leader of the summer paring class she had shown a fine spirit of willingness to serve. In her new home she has exhibited the same traits. She takes pleasure in assisting her employer in the entertainment of her young friends. She takes personal pride in keeping the home clean, comfortable, and attractive for the doctor and his wife. The gift of a hand bag from the woman and of a dollar bill from the doctor brought tears to her eyes. Mabel had accepted as a matter of course their Christmas gifts of an umbrella and gloves, dwelling at length upon the elaborate gifts received by her employer.

In the case of Mabel, her jealousy of the attractive young wife in an attractive home with the companionship of a fine man, occupying a position which the girl herself secretly envied, overshadowed her first reactions to the situation—her pleasure in being in a comfortable home and her delight in her work, particularly her share of the doctor's professional duties. The kind attentions of both the doctor and his wife toward the girl served to emphasize the more intimate attentions between man and wife. The vision of the daily relationship between the man and wife fanned the girl's smouldering interest in sex affairs, which would doubtless have ended disastrously if the worker had not sensed the situation and returned the girl to the school. In the case of Jennie, the home life of the young couple has served to increase the spirit of loyalty and group solidarity which the girl had displayed to a marked degree in her work in the institution. She gratefully accepts her position in the family and draws from it a happiness that in turn inspires her to do even more for the comfort of the two people who constantly show their grateful appreciation to her.

While we do not advocate too frequent shifts of this kind, where one girl is substituted for another in a desirable home, or where the same girl is transferred to another home, they may occasionally be made. Replacements do not necessarily show poor work on the part of the social worker. They may come as the result of observation and discrimination.

This case is a fairly typical one, illustrating some of the problems of selection, placement, and supervision. The social worker's share in the selection of girls for homes of this third type—working homes—is obviously much greater than in the case of children remaining in the homes after the preliminary vacation or trial period or in that of children paroled into the ready-made homes of relatives. In the first two kinds of parole we are obliged to take the homes as presented. By the third method we may pick and choose the homes that, in our judgment, appear best suited to the mentally defective girl. We have found that the homes of business and professional people are the most satisfactory, the establishments of the rich, where several servants are employed, less so. The close association with other servants proves detrimental to the suggestible defective. The supervision of the busy mistress is apt to be superficial. In homes of people of moderate income, where one helper is employed, our girls can be made happy, provided an intelligent, motherly woman will exert her hourly supervision. The simple recreations of the middle-class American family prove sufficient—the weekly movie, church on Sunday, and an occasional automobile ride or shopping expedition.

The question of the comparative advantages of city and country homes is still a debatable one with us. At first thought one might hesitate to expose any mentally defective girl to the complex life of the city. But we have examples of the success of many girls living in the city, some employed in housework, others in factories. The very routine of city life—catching the same elevated train each morning, punching the time clock at the same hour, performing the same bit of factory work, provided it be simple, during the regular hours—is not a new thing to the girl trained in the routine of institutional life. There are flocking, crowding dangers in the city, not to be minimized. The factory girl meets them on the elevated and the housemaid meets them when the delivery man opens the back door. But these dangers are largely offset by the provision of enough good fun with the family or in the boarding home, and by the kindly care of the genuinely interested employer or house matron. Often the interest of some one in the community can be enlisted—a clergyman, a court officer, a town official, some one to offer a word of encouragement and advice at a critical time. The high suggestibility of our boys and girls should be capitalized and utilized to the fullest extent through the influence of such community helpers as can be on the scene upon call. There are limitless opportunities here for socially minded men and women. There are limitless opportunities here also for the state in developing its program for the supervision of the feebleminded. Our resources in this matter of assistance, not only in the way of agencies, but of socially minded individuals, are as yet undiscovered and undeveloped.

You who are still weighing the comparative merits of city and country homes may be interested in one of our experiments along that line. Girls were placed in five different homes in a small town about twenty miles from Boston. The residents of the town are principally business and professional people. The men of the families commute to and from the city. Most of them have automobiles and live in separate houses set on quiet village streets. The girls were placed at various times during two years, applicants for new girls having heard of the success of friends with their helpers.

The recreation offered the girls in the various homes was ample, and the girls at first seemed happy. But gradually trouble developed. Two girls exchanged gossip over the back fence, comparing their respective employers. One girl, because of the greater length of her parole and because of her proven trustworthiness, was having more freedom of action than the other. The employer of one had a new silk-crêpe gown, while the employer of the other was obliged to make over last year's taffeta. The family of the latter was going through a period of economy, because of temporary financial difficulties in the man's business. The girl employed in the family published the fact—over the back fence—and some embarrassment and hurt feelings resulted. The employers did their share in comparing notes on the merits of their various charges, and dissatisfaction resulted. The girls were being constantly reminded of their connection with the school. Their employers, of course, had been instructed as to the undesirability of frequent mention of the institution to the girls, but the girls would meet each other on the street, at church, and at the movies and were made unhappy by this too constant contact. Townspeople, not as discreet as the employers, began to notice and comment upon the arrival of the school visitor in town. The appearance of the girls upon the street attracted notice. Very soon they became the targets of undesirable attention from a grocery delivery man and others. One girl who became involved with a man was returned to the school. The man in the case then turned his attention to another of our girls and became very annoying when she failed to succumb as quickly as did the first. Very shortly afterwards we transferred the girls to other, and separate towns, where they would not be forced to wear a label "On parole from the state school." We feel that it is unfair to thrust our girls deliberately into such situations. Their handicaps are too many as it is.

In general, then, we attempt to place the girls in homes physically and morally good, with people who are kindly and sympathetic, socially minded, intelligent enough to understand something of the problem of the feebleminded, but not too intellectual. Our girls need to be "members of the family". They do not thrive in the homes of the over-intellectual or the over-busy rich woman. As Dr. Augusta Bronner points out, they are naturally "lonesome" girls. They want to feel that they "belong". Not only kindness, but affection is needed. This "mother-substitute" is the ideal that we try to find in placing our girls. The personalities of the other members of the family may also radically affect the girl. The influence of a good man is not to be overlooked. Many of our girls show deep respect and affection for the man of the house, who in matters of discipline is often able to exert a wonderfully steadying influence. The writer most firmly believes that many such homes are available, and that an indescribable amount of unhappiness on the part of the feebleminded child and much anxiety on the part of the social worker could be avoided if it were possible deliberately to choose such homes.

I have purposely said little concerning the supervision to be exerted by the institution over the patients on parole in the community. This is naturally a large share of our work, but it cannot measure in importance with that of the community in the matter. We do have very definite methods of supervision. A Ford car makes possible frequent visits by the workers. The children are scattered over the state, some in isolated sections. It is necessary to visit some children every two or three weeks. Others are called upon only two or three times a year. By means of their personal reports at the school and by written reports sent every two months by the employer or guardian, it is possible to keep track of the general matters of health, conduct, recreation, and employment. Very many of the children exchange personal letters with members of the staff and with the social workers. They give detailed accounts of the day's happenings, and without suspecting it, the writers give valuable information. Such bits as, "I finished the ironing after supper", and "The family went riding while I tended baby", are enough to start the worker on a bit of investigation as to the matters of overwork and under-recreation. The visitors, so far as time allows, do many bits of personal service, where the children are in a home with a sick baby, or in the case of the more independent children in boarding homes, when they need help in choosing a new hat or in picking out ten Christmas presents for one dollar.

At Christmas, programs of the school festivities are mailed to all children on parole. Personal cards are sent by the workers on various holidays, including the birthdays of some of the children. These and other bits of attention serve to remind them pleasantly of their connection with the school as well as to show the personal interest of the worker. The writer has no delusions about the effect of such supervision, however. All of the methods suggested, from the routine visits and reports to the personal service, have only a temporary effect upon these suggestible minds. The effect of the authority of the school or the personal influence of the visitor are drops in the bucket compared with the twenty-four-hour-a-day supervision of the community guardian.

PROHIBITION AND ALCOHOLIC MENTAL DISEASE*

HORATIO M. POLLOCK, PH.D.
Statistician, New York State Hospital Commission

EDITH M. FURBUSH
Director, Department of Information and Statistics, The National Committee for Mental Hygiene

IN the voluminous articles relating to the effects of prohibition that have appeared in print during the past three years, one finds a superabundance of opinions and unfounded statements and a dearth of established facts. No better illustration could be found of the old saying that the wish is father to the thought. The enemies of prohibition do not hesitate to blame the Eighteenth Amendment for all the ills that have affected society since the fatal year of 1920, while the friends of prohibition are not at all backward in crediting the amendment with all the social gains made since it went into effect. The seeker after truth finds it difficult to determine where opinion ends and fact begins.

This is especially true when statistics are quoted to bolster up doubtful statements. Statistics in the hands of a propagandist are frequently camouflage that conceals or distorts actual facts. They are, of course, necessary to measure social phenomena, and without them we would have very little knowledge of the trend of social events; but statistics lose their virtue and become positively vicious when juggled and maltreated by propagandists.

The facts herein presented relative to the relation of prohibition to mental disease will seem insignificant compared with the exaggerated statements that have appeared from time to time in the public press and will give cold comfort to propagandists on both sides of this important question.

It has long been known that alcohol, when used as a beverage, has a powerful effect on the nervous system and is one of the causes of mental disease. It may give rise to clear-cut alcoholic psychoses, or it may act as a precipitating factor in other forms of mental disease, such as general paralysis or manic-depressive insanity.

---

* Reprinted by courtesy of *The American Review*.

Psychiatrists distinguish several types of alcoholic mental disease, which differ materially in symptoms, duration, and outcome. The most common types are briefly described as follows:

Pathological intoxication: A marked abnormal, immediate reaction following the taking of a considerable quantity of alcohol. The mental disturbance is acute and is manifested by wild excitement or furor. The attack usually lasts but a few days, and upon recovery the patient frequently has no recollection of what has happened.

Delirium tremens: An acute mental disorder resulting from chronic alcoholism. The leading symptoms, which are well known, consist of strange, painful, and terrifying illusions and hallucinations, all of the senses being affected. Fever and other toxic symptoms are usually present, and there is shaking of the body and tremulousness of speech. If death does not ensue, recovery takes place in four or five days, following a prolonged sleep.

Korsakow's disease: So named from the Russian scientist who first described it in 1887. This disorder in its early stages sometimes resembles delirium tremens, but is more protracted. Other forms of the disorder are marked with loss of memory, loss of interest, inability to recognize time, places, or persons, and a tendency to fabricate yarns of a plausible nature. Of various physical symptoms, polyneuritis is most characteristic. The outlook for recovery in most cases is not hopeful.

Acute hallucinosis: This most common alcoholic mental disorder differs from delirium tremens in the predominance of hallucinoses of hearing over those of vision, in the absence of marked disturbances of consciousness, and in running a more protracted course. It arises from chronic drinking. Most cases recover after a few weeks or months, but recurrence of the disorder may be expected if drinking is resumed.

Sometimes the disorder persists and assumes a chronic stage with little change in symptoms, but with a gradual loss of emotional reaction.

Paranoid types: In the paranoid types of alcoholic insanity, delusions, suspicions, and misinterpretations are prominent, and hallucinations are absent or subordinate. Frequently delusions of jealousy dominate the field. This disorder arises from the prolonged use of alcohol and usually clears up in a few weeks after its withdrawal. It may, however, pass over into a chronic stage.

The types most prevalent among admissions to state hospitals are acute hallucinosis, Korsakow's disease, and paranoid states. Since prohibition, there has been a relative increase in pathological intoxication, due probably to sudden excessive drinking by persons unaccustomed to the use of alcohol. A case in point is that of a simple-minded boy of fourteen who was induced to drink nearly a pint of whiskey at one sitting. It was his first alcoholic drink, and naturally was followed by a violent reaction that brought him to a state hospital.

To show the influence of prohibition on mental disease, the writers have assembled data from two principal sources—namely, the Bureau of Statistics of the New York State Hospital Commission and the Department of Information and Statistics of The National Committee for Mental Hygiene. The data concerning the population of the various states are taken from the official tables compiled by the Federal Census Bureau.

ALCOHOLIC INSANITY IN NEW YORK STATE BEFORE AND AFTER PROHIBITION

Previous to 1908, little attempt had been made to standardize the classification of mental diseases or to study their causes in a systematic way. In that year the New York State Hospital Commission adopted a definite classification of mental disorders and introduced it into the 13 civil state hospitals under its jurisdiction. At the same time the commission established a central statistical office and required the hospitals to forward to such office, on specially prepared schedules, statistical data concerning each patient admitted, discharged, or deceased. Each year thereafter, a series of standard tables has been prepared in the central office from the card reports received and much care has been exercised in maintaining the uniformity and comparability of the data. Thanks to this system, there now exists a complete record of the cases of alcoholic mental diseases admitted to the civil state hospitals of New York during the past 15 fiscal years, and also a record of the habits with respect to the use of alcohol of every patient admitted during this period. A good basis of comparison of results before and after prohibition is thus afforded.

Table 1. New Cases of Mental Disease Admitted to Civil State Hospitals of New York, 1909-1922

FISCAL YEAR ENDING	TOTAL NEW CASES	NEW CASES OF ALCOHOLIC INSANITY					
		Number			*Per cent of all new cases*		
		Males	Females	Total	Males	Females	Total
1909	5,222	433	128	561	15.6	5.8	10.8
1910	5,564	452	131	583	15.3	5.0	10.5
1911	5,700	444	147	591	14.7	5.5	10.4
1912	5,742	434	131	565	14.4	4.8	9.8
1913	6,061	438	134	572	13.7	4.7	9.4
1914	6,265	348	116	464	10.4	3.6	7.4
1915	6,204	255	90	345	7.8	3.1	5.6
1916*	4,903	215	82	297	8.4	3.5	6.1
1917	6,877	437	157	594	12.1	4.8	8.6
1918	6,797	257	97	354	7.3	3.0	5.2
1919	6,791	204	65	269	5.8	2.0	4.0
1920	6,573	90	32	122	2.7	1.0	1.9
1921	6,939	167	26	193	4.6	0.8	2.8
1922	7,015	194	32	226	5.1	1.0	3.2

* Nine months

Table 1 shows the yearly record of new cases admitted to the New York state hospitals, together with the number and percentage of alcoholic cases among them.

From these data, it will be noted that although the annual number of all new cases of mental disease has gradually but irregularly increased since 1909, the number of alcoholic cases has markedly declined. Such decline began to be significant in 1914 and continued in 1915 and 1916. A marked change of trend occurred in 1917. This has been attributed to the mental excitement and consequent change of habits caused by the entrance of the United States into the World War. The reaction of 1917 was short-lived and another decline is noted in 1918. This continued until its lowest point was reached in 1920, the first year of prohibition. A slight change of trend occurred in 1921 and this became more accentuated in 1922. During the three fiscal years since prohibition, a total of 541 new cases of alcoholic insanity were admitted to these hospitals; during the three years immediately preceding the World War, 1912-14, the number of such cases was 1,601. This reduction of new alcoholic cases since 1914 is significant and is apparently attributable to two principal causes: first, a change in the habits of the people with respect to excessive drinking and, second, restrictions on the liquor traffic.

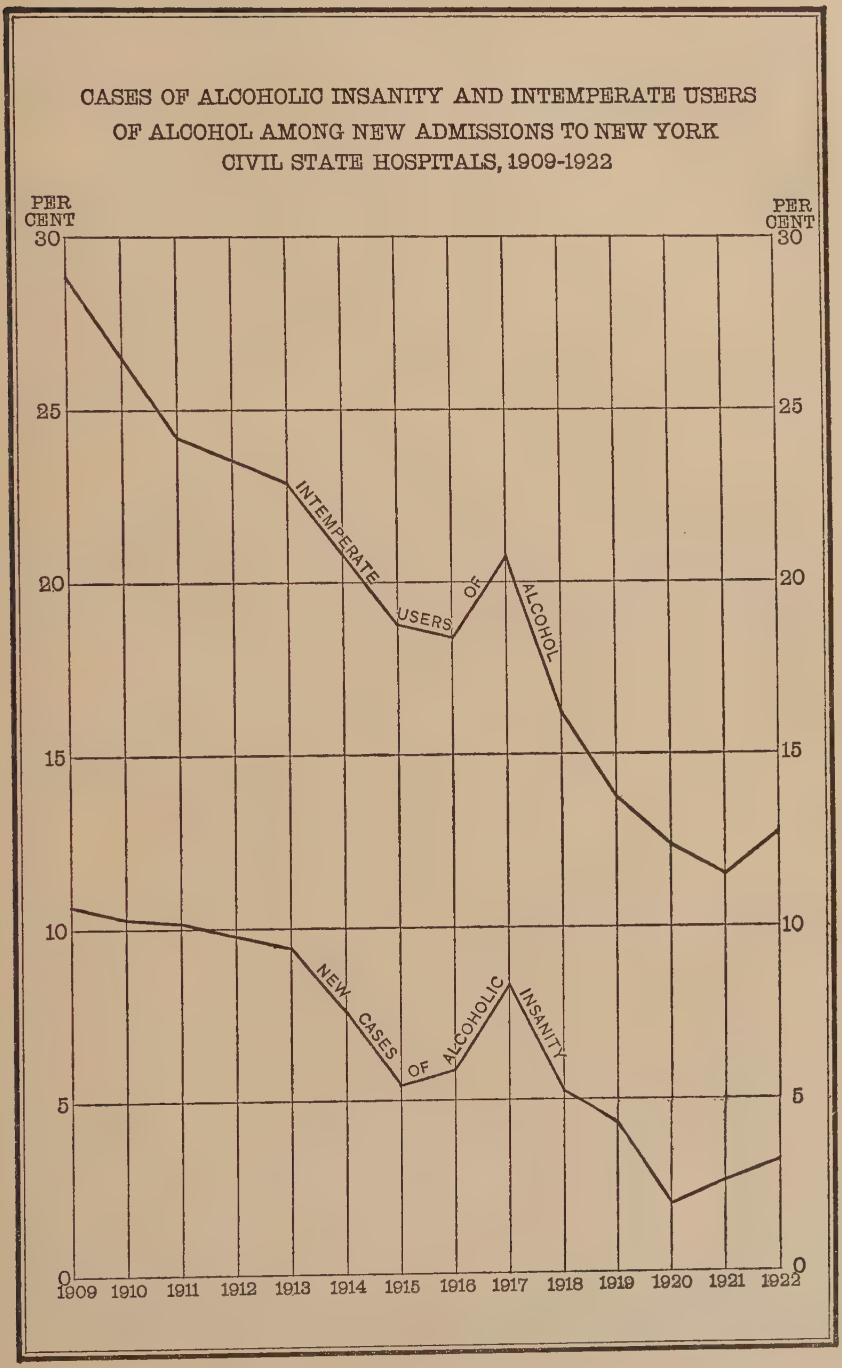
That there was a marked falling off in the excessive use of alcohol prior to prohibition is also indicated by the record of intemperate use of alcohol by new admissions to the New York state hospitals during the years 1914 to 1919. The percentages by sex are shown in Table 2.

TABLE 2. PER CENT OF INTEMPERATE USERS OF ALCOHOL AMONG NEW CASES ADMITTED TO THE NEW YORK CIVIL STATE HOSPITALS, 1909-1922

Year	*Per cent of new cases*		
	Males	Females	Total
1909	44.2	15.1	28.7
1910	56.9*	28.7*	38.1*
1911	35.9	11.2	24.3
1912	36.5	10.0	23.8
1913	34.6	11.1	23.5
1914	30.8	8.8	20.5
1915	28.8	7.5	18.7
1916	28.2	7.8	18.5
1917	32.0	9.2	21.1
191	24.1	7.7	16.2
1919	22.8	4.9	14.2
1920	20.3	3.7	12 2
1921	18.9	4.0	11.8
1922	21.1	3.8	12.5

* Includes moderate drinkers

CHART 1



CASES OF ALCOHOLIC INSANITY AND INTEMPERATE USERS OF ALCOHOL AMONG NEW ADMISSIONS TO NEW YORK CIVIL STATE HOSPITALS, 1909-1922

The decline in the percentage of intemperate users of alcohol among all new admissions to these hospitals corresponds closely with the decline of new cases of alcoholic insanity. The trend in both cases has been downward, although a reaction occurred in 1917, and another of less extent in 1921 and 1922. The accompanying chart (No. 1) shows that the two trend curves are closely correlated.

As the proportion of intemperate users of alcohol in the community that reach the state hospitals probably remains nearly constant year by year, the figures above given constitute a good index of the general decline of excessive drinking in New York State during the period covered.

PREVALENCE OF ALCOHOLIC INSANITY

The comparative prevalence of alcoholic insanity in New York State in recent years is best indicated by the annual rate of new cases per 100,000 of the general population. Such rates show a falling off in recent years, which corresponds closely with the decline indicated in Table 1.

TABLE 3. RATES OF NEW CASES OF ALCOHOLIC INSANITY ADMITTED TO THE CIVIL STATE HOSPITALS OF NEW YORK STATE PER 100,000 OF GENERAL POPULATION OF STATE, 1909-1922

Year	*Rate per 100,000 of same sex*		
	Males	Females	Total
1909	9.7	2.9	6.3
1910	9.9	2.9	6.4
1911	9.6	3.2	6.4
1912	9.2	2.8	6.0
1913	9.2	2.8	6.0
1914	7.2	2.4	4.8
1915	5.3	1.9	3.6
1916*	4.4	1.7	4.0
1917	8.8	3.2	6.0
1918	5.1	1.9	3.5
1919	4.0	1.3	2.6
1920	1.7	0.6	1.2
1921	3.2	0.5	1.8
1922	3.6	0.6	2.1

* Nine months.

The relative rate of decline of alcoholic mental disease among females since 1909 has been greater than among males. In 1909 and 1910 the rate among males was 3.4 times that among females; in 1921 and 1922 the male rate was over 6 times the female rate.

It seems probable that the bootlegger's trade reaches comparatively few women.

ALCOHOLIC INSANITY IN COUNTRY AND CITY

Alcoholic mental disease occurs principally in cities and villages. This would be expected, as the excessive use of alcoholic beverages in rural districts is comparatively rare. Using the federal-census classification, which includes as "urban" all places having a population of 2,500 or over, the new alcoholic admissions to the civil state hospitals of New York State since 1917 are grouped as shown in Table 4.

Relatively, the decline in the rate of alcoholic insanity in urban and rural districts since 1917 has been very similar. The low rate reached in rural districts gives ground for hope that alcoholic mental disease will ultimately disappear. There are now several rural counties in New York State in which no case of alcoholic insanity has appeared during the past three years.

TABLE 4. RATES OF NEW CASES OF ALCOHOLIC INSANITY IN URBAN AND RURAL DISTRICTS OF NEW YORK STATE, 1917-1922

*Year**	*Number of cases*			*Rate per 100,000 of general population of same environment*	
	Urban	Rural	Environment unascertained	Urban	Rural
1917	537	52	5	6.61	2.83
1918	309	44	2	3.73	2.41
1919	243	26	..	2.88	1.44
1920	110	11	1	1.28	0.61
1921	182	11	..	2.08	0.62
1922	209	15	2	2.35	0.85

* Comparative data for years prior to 1917 are not available.

NATIVITY AND PARENTAGE OF ALCOHOLIC PATIENTS

The foreign born, who, according to the latest federal census, constitute 27.2 per cent of the population of New York State, are represented by disproportionate numbers among the new cases of alcoholic insanity. Of the 223 alcoholic first admissions of 1922 whose nativity was ascertained, 125, or 56.1 per cent, were foreign born; 92, or 41.2 per cent, were native whites; and 6, or 2.7 per cent, were Negroes. Of the 92 native whites, 34 were of native parentage, 41 of full foreign parentage, 15 of mixed parentage, and 2 of unknown parentage. The rates per 100,000 of general population of the same sex, nativity, and parentage are given in Table 5.

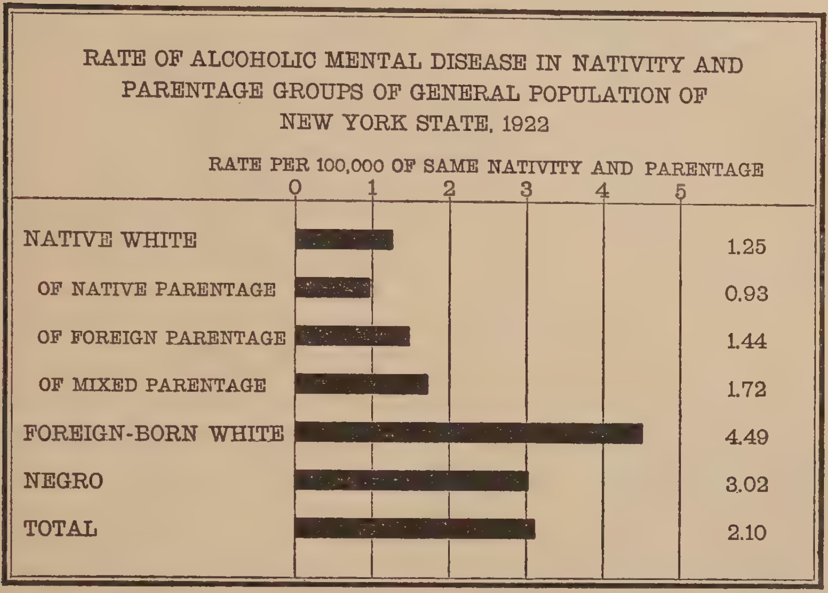
TABLE 5. NATIVITY AND PARENTAGE OF NEW CASES OF ALCOHOLIC INSANITY, 1922

	Number			*Rate per 100,000 of same nativity and parentage, U. S. census, 1920*		
	Males	Females	Total	Males	Females	Total
Native, white	79	13	92	2.17	0.35	1.25
Of native parentage	32	2	34	1.76	0.11	0.93
Of foreign parentage	35	6	41	2.51	0.41	1.44
Of mixed parentage	12	3	15	2.85	0.66	1.72
Of unknown parentage	..	2	2	....	....	....
Foreign born, white	109	16	125	7.56	1.19	4.49
Negro	4	2	6	4.19	1.94	3.02
Nativity unascertained	2	1	3	....	....	....
Total	194	32	226	*3.65	*0.62	*2.12

* Based on estimated population, 1922.

It will be noted from the above figures and the accompanying chart (No. 2) that the rate of alcoholic insanity in 1922 was lowest among native whites of native parentage, and highest among foreign born, the latter being nearly five times that of the former. The rate among Negroes was also high. The rate among native women of native parentage was extremely low.

CHART 2



RATE OF ALCOHOLIC MENTAL DISEASE IN NATIVITY AND PARENTAGE GROUPS OF GENERAL POPULATION OF NEW YORK STATE, 1922

The distribution of the foreign born by country of birth and rates for each nationality are given in Table 6.

TABLE 6. DISTRIBUTION OF FOREIGN-BORN WHITE PATIENTS WITH ALCOHOLIC INSANITY FIRST ADMITTED IN 1922

Country of birth	*Foreign-born white general population in New York state, U. S. census, 1920*	*Number of patients*			*Rate per 100,000 of same nativity, U. S. census, 1920*
		Males	Females	Total	
Austria	151,172	9	1	10	6.61
Canada	111,974	5	1	6	5.36
Czechoslovakia	38,247	5	1	6	15.69
England	135,305	3	1	4	2.96
Finland	12,504	1	..	1	8.00
Germany	295,650	6	1	7	2.37
Holland	13,772	1	..	1	7.26
Hungary	78,374	1	..	1	1.28
Ireland	284,747	34	8	42	14.75
Italy	545,173	13	2	15	2.75
Lithuania	12,121	5	..	5	41.25
Norway	27,573	3	..	3	10.88
Poland	247,519	5	..	5	2.02
Russia	529,240	11	1	12	2.27
Scotland	37,654	4	..	4	10.62
Sweden	53,025	3	..	3	5.66

While the numbers relating to some of the countries are too small to justify general conclusions, the table clearly indicates high rates of alcoholic insanity among the foreign born from certain countries. In no case is the rate less than that among the native whites of native parentage.

It seems apparent, therefore, that the enforcement of the Volstead Act or other prohibitory laws is largely a matter of changing the more or less fixed habits of our foreign-born population.

Nation-wide Statistics of Mental Disease

The statistical system established in New York State in 1908 having proved its worth, an attempt along the same lines for the country as a whole was made in 1913 by the American Medico-Psychological Association (now the American Psychiatric Association). A committee on statistics was appointed to outline a uniform classification of mental diseases and a system of statistics for hospitals for mental patients. The report prepared by this committee after long deliberation was presented to the association in 1917, and unanimously approved, and a standing committee was appointed to promote the introduction of the system throughout the country. The classification of mental diseases thus adopted was, with slight modifications, the one that had been in use in New York since 1908.

At the time this action was taken, there was no generally recognized classification of mental diseases in this country. Certain states had adopted classifications for use within their borders; but no two states were using exactly the same classification, and in some states there was no official classification. All of the state hospitals were making records of patients and compiling and publishing annual or biennial reports; but as the hospitals of each state were working in their own way without reference to what the others were doing, it was utterly impossible to collect comparative data concerning mental disease for different states. The plan adopted in 1917 established uniformity in the place of diversity and irregularity in records and reports.

On account of the close relationship between the American Psychiatric Association and The National Committee for Mental Hygiene, it was decided that the standing committee of the association should become an advisory committee to the Bureau of Statistics of the National Committee, and that the work of introducing the system and of collecting statistics from the hospitals should be carried out by the bureau. The Bureau of Statistics of the National Committee, therefore, first published the statistical material agreed upon by the committee on statistics of the association and The National Committee for Mental Hygiene. This consisted of individual schedule cards, a set of tabular forms to be compiled annually by hospitals for mental diseases, and a statistical guide explaining the different types of mental diseases, defining all terms used, and containing suggestions for the preparation of annual statistics. This material was distributed to the hospitals for mental diseases throughout the country, with the request that they coöperate in this movement for uniform statistics. As most superintendents realized the value of this movement for uniform statistics, there was a favorable response from the start. Since 1919 there have been received in the office of The National Committee for Mental Hygiene each year uniform statistical tables from an ever-increasing number of hospitals.

For the year that ended in 1922, data were received on the uniform tabular forms from 98 state hospitals for mental diseases, distributed as follows: California, 6; Colorado, 1; Connecticut, 2; Georgia, 1; Illinois, 9; Indiana, 4; Iowa, 4; Louisiana, 2; Maine, 2; Maryland, 2; Massachusetts, 13; Michigan, 5; Mississippi, 1; Nebraska, 2; New Hampshire, 1; New Jersey, 2; New York, 15; Ohio, 8; Oregon, 1; Pennsylvania, 6; Rhode Island, 1; South Carolina, 1; South Dakota, 1; Tennessee, 1; Texas, 1; Vermont, 1; Virginia, 3; Washington, 1; and Wyoming, 1. The data concerning mental disease thus assembled constitute the basis of the statistics given in the following pages. The wide geographical distribution, the fact that the group of hospitals is unselected, and the large number of patients included make the data representative of the country as a whole.

ALCOHOLIC CASES AMONG NEW ADMISSIONS

The total number of new admissions to these hospitals during 1922 was 34,935. Of these, 20,189 were males and 14,746 females. The alcoholic cases among these admissions numbered 1,252, of which 1,121 were males and 131 females. The percentage of alcoholic cases among the males was 5.6, among the females 0.9, and among both sexes combined 3.6.

TABLE 7. CASES OF ALCOHOLIC INSANITY AMONG NEW ADMISSIONS TO THE STATE HOSPITALS FOR MENTAL DISEASE IN 19 STATES FOR THE YEAR 1922

STATE	TOTAL NEW CASES			NEW CASES OF ALCOHOLIC INSANITY					
				Number			*Per cent*		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
California	1,773	947	2,720	109	10	119	6.1	1.1	4.4
Colorado	264	159	423	3	..	3	1.1	0.0	0.7
Connecticut	464	399	863	40	1	41	8.6	0.3	4.8
Georgia	335	317	652	5	1	6	1.5	0.3	0.9
Illinois	2,970	1,822	4,792	224	28	252	7.5	1.5	5.3
Iowa	531	393	924	24	2	26	4.5	0.5	2.8
Louisiana	317	272	589	5	..	5	1.6	0.0	0.8
Maine	210	120	330	14	..	14	6.7	0.0	4.2
Massachusetts	1,743	1,531	3,274	180	35	215	10.3	2.3	6.6
New Hampshire	186	130	316	19	2	21	10.2	1.5	6.6
New Jersey	732	618	1,350	50	5	55	6.8	0.8	4.1
New York*	3,922	3,247	7,169	209	32	241	5.3	1.0	3.4
Ohio	1,650	1,207	2,857	60	4	64	3.6	0.3	2.2
Pennsylvania	888	671	1,559	42	1	43	4.7	0.1	2.8
Rhode Island	201	143	344	32	2	34	15.9	1.4	9.9
South Carolina	371	278	649	5	1	6	1.3	0.4	0.9
South Dakota	117	82	199	2	..	2	1.7	0.0	1.0
Vermont	89	57	146	1	..	1	1.1	0.0	0.7
Wyoming	44	15	59	3	..	3	6.8	0.0	5.1
Total	16,807	12,408	29,215	1,027	124	1,151	6.1	1.0	3.9

* The figures relating to New York in this and the following tables include the two state hospitals for the criminal insane, which were omitted from the tables previously shown for the civil state hospitals in New York.

Corresponding numbers for those states for which complete data are available—that is, for those states in which a report was received from every state hospital in the state—are given in Table 7.

Considerable variation is found in the percentage of alcoholic cases in the different states, ranging from 9.9 per cent in Rhode Island to 0.7 per cent in Colorado and Vermont. As alcoholic insanity is more prevalent in urban than in rural environment, it is not strange that the highest percentages are found in states whose population is mainly urban—Rhode Island, Massachusetts, New Hampshire, Illinois, and Connecticut. The 1920 federal census showed the following percentages of urban population for these states: Rhode Island, 97.5; Massachusetts, 94.8; New Hampshire, 63.1; Illinois, 67.9; Connecticut, 67.8. The percentage of alcoholic cases in the nineteen states combined is very similar to the 1922 data given for New York in Table 1. The difference in the percentages for males in the several states is very striking, varying from 15.9 per cent in Rhode Island to 1.1 per cent in Colorado and Vermont.

ALCOHOLIC INSANITY IN 1910 AS COMPARED WITH 1922

The study made by the Federal Census Bureau in 1910 contained data concerning the alcoholic psychoses admitted to the hospitals for mental diseases during that year. No

TABLE 8. PER CENT OF ALCOHOLIC CASES AMONG ALL ADMISSIONS IN 19 STATES, 1910 AND 1922

State	*1910*	*1922*
California	13.0	4.3
Colorado	20.8	0.7
Connecticut	10.6	4.8
Georgia	5.1	0.9
Illinois	8.9	5.1
Iowa	6.9	3.0
Louisiana	8.1	0.7
Maine	6.5	4.0
Massachusetts	14.6	6.4
New Hampshire	11.3	6.6
New Jersey	19.7	4.3
New York	11.5	3.2
Ohio	12.4	2.1
Pennsylvania	6.9	3.0
Rhode Island	11.4	9.8
South Carolina	5.7	0.8
South Dakota	0.5	0.8
Vermont	11.1	1.5
Wyoming	14.3	5.8
Total	11.0	3.9

separate data were given for the state hospitals apart from other institutions. However, as the percentages of alcoholic psychoses admitted to other hospitals for mental diseases vary little from those for the state hospitals, it seems fair to compare the percentages by states for the two years. As the federal-census data for 1910 comprised all admissions for that year—that is, new admissions and readmissions—both have been included in Table 8.

In all states except South Dakota there was a decrease in the percentage of cases admitted with alcoholic insanity. The slight rise in this state is not significant, as the numbers are small—1 case of alcoholic insanity in 1910 and 2 cases in 1922. The percentage for the group as a whole dropped from 11.0 to 3.9, and marked differences are noted in most of the states, as is shown by the accompanying chart (No. 3).

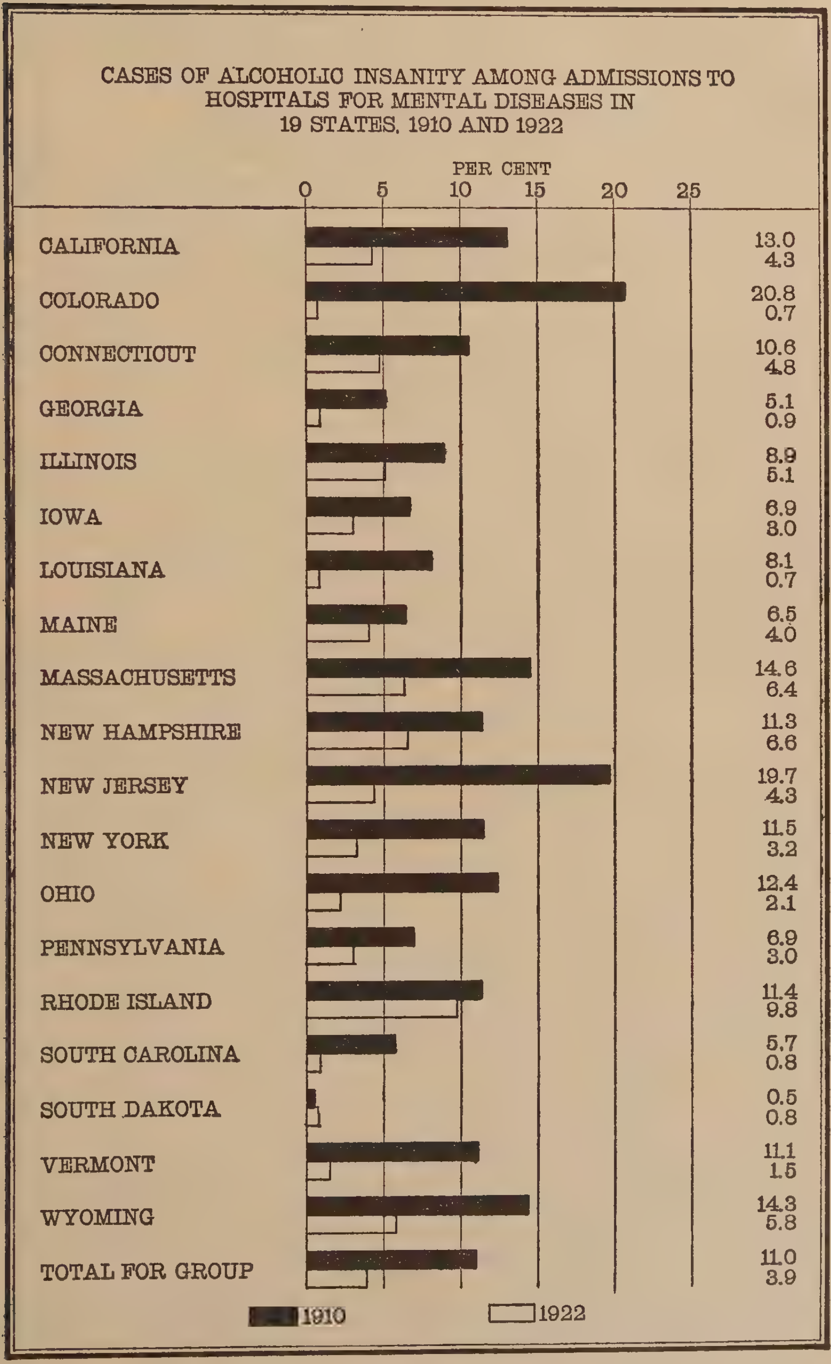
CHANGES IN PREVALENCE OF ALCOHOLIC INSANITY IN RECENT YEARS

A more recent comparison might be of greater interest as throwing some light on the effect of prohibition. For this reason we have taken a group of state hospitals for the years 1919 and 1922. This group comprises all the states for which

TABLE 9. PERCENTAGE OF ALCOHOLIC CASES AMONG NEW ADMISSIONS TO STATE HOSPITALS IN 12 STATES DURING 1919 AND 1922

STATE	*1919*			*1922*		
	Males	Females	Total	Males	Females	Total
Colorado	0.8	0.0	0.5	1.1	0.0	0.7
Georgia	2.0	0.0	1.0	1.5	0.3	0.9
Iowa	5.0	0.3	2.9	4.5	0.5	2.8
Maine	6.6	0.5	3.9	6.7	0.0	4.2
Massachusetts	12.1	3.1	7.9	10.3	2.3	6.6
New Hampshire	10.4	0.7	5.5	10.2	1.5	6.6
New Jersey	12.9	1.3	7.3	6.8	0.8	4.1
New York	5.9	2.1	4.1	5.3	1.0	3.4
Rhode Island	9.8	1.3	5.8	15.9	1.4	9.9
South Carolina	1.4	0.0	0.7	1.3	0.4	0.9
South Dakota	0.0	0.0	0.0	1.7	0.0	1.0
Vermont	2.1	0.0	1.2	1.1	0.0	0.7
Total	7.2	1.8	4.7	6.3	1.1	4.0

CHART 3



CASES OF ALCOHOLIC INSANITY AMONG ADMISSIONS TO HOSPITALS FOR MENTAL DISEASES IN 19 STATES, 1910 AND 1922 complete data were received for these two years, and includes 43 state hospitals. In Tables 9 and 10 will be found the number of new patients admitted with alcoholic insanity, their percentages of all new cases, and the rates per 100,000 of general population by states.

For the group as a whole, the percentage dropped from 4.7 to 4.0. Slight increases are found, however, in Colorado, Maine, and South Carolina. In New Hampshire the percentage increased from 5.5 in 1919 to 6.6 in 1922, in Rhode Island from 5.8 to 9.9, and in South Dakota from 0.0 to 1.0. In all these states, the numbers from which these percentages are derived are too small to be significant, as will be seen from Table 10.

TABLE 10. NUMBER OF NEW CASES OF ALCOHOLIC INSANITY PER 100,000 OF GENERAL POPULATION IN 12 STATES FOR 1919 AND 1922

STATE	1919				1922			
			Total				*Total*	
	Males	Females	Number	Rate per 100,000 of general population	Males	Females	Number	Rate per 100,000 of general population
Colorado	2	...	2	0.2	3	...	3	0.3
Georgia	9	...	9	0.3	5	1	6	0.2
Iowa	25	1	26	1.1	24	2	26	1.1
Maine	17	1	18	2.3	14	...	14	1.8
Massachusetts	241	54	295	7.7	180	35	215	5.4
New Hampshire	15	1	16	3.6	19	2	21	4.7
New Jersey	77	7	84	2.7	50	5	55	1.7
New York	216	69	285	2.8	209	32	241	2.2
Rhode Island	17	2	19	3.2	32	2	34	5.5
South Carolina	6	...	6	0.4	5	1	6	0.3
South Dakota	...	...	...	0.0	2	...	2	0.3
Vermont	2	...	2	0.6	1	...	1	0.3
Total	627	135	762	2.7	544	80	624	2.2

In the 43 state hospitals included in the above table, the number of new cases of alcoholic insanity dropped from 762 in 1919 to 624 in 1922, or from 2.7 to 2.2 per 100,000 of the general population of the 12 states represented. The rate declined in 7 states, remained stationary in 1, and increased in 4.

In recent years there has been a decline not only in the number of new cases of alcoholic insanity admitted to state hospitals, but also in the number of intemperate users of alcohol among all new admissions. The following summary shows the percentage of intemperate users of alcohol among all new admissions to an unselected group of 57 state hospitals for mental disease for the years 1919, 1920, 1921, and 1922.

Year	*Males*	*Females*	*Total*
1919	24.0	5.5	15.5
1920	20.7	3.5	13.0
1921	18.9	3.4	12.0
1922	20.6	3.9	13.3

A decrease is noted for both sexes until 1922 when an increase in these percentages took place. The 1922 percentages are, however, lower than for 1919. When data for a sufficient number of hospitals for the year 1923 have been received, it will be interesting to find out whether the downward trend since 1919 or the reaction in 1922 has persisted. It will be noted that a close correspondence exists between these rates and those given for New York State in Table 2.

CHARACTERISTICS OF NEW CASES OF ALCOHOLIC INSANITY

Turning from comparisons of numbers admitted in the various years, we are submitting in the following pages facts relative to age, education, environment, economic condition, and marital condition of the new cases of alcoholic insanity admitted during 1922—the latest year for which such data are available.

Of each 100 new admissions with alcoholic insanity, 8 entered a state hospital before the age of thirty years, 30 between the ages of thirty and forty, 34 between the ages of forty and fifty, 20 between the ages of fifty and sixty, 7 between the ages of sixty and seventy, and 1 at an age of seventy or over. Over half of these new cases reached the hospitals between the ages of thirty-five and fifty years. It will be seen from the above table that women with alcoholic insanity enter the hospitals at a later age than men.

Table 11. Percentage Distribution by Age of New Cases of Alcoholic Insanity Compared with All New Cases Admitted to 98 State Hospitals during 1922

Age	*All new cases*			*New cases of alcoholic insanity*		
	Males	Females	Total	Males	Females	Total
Under 15 years	0.5	0.6	0.6	0.0	0.0	0.0
15 to 19 years	4.2	4.2	4.2	0.2	0.8	0.2
20 to 24 years	9.2	7.8	8.6	2.0	0.8	1.8
25 to 29 years	11.2	10.6	11.0	5.7	4.6	5.6
30 to 34 years	11.1	11.8	11.4	11.7	9.2	11.4
35 to 39 years	11.7	11.3	11.5	18.0	18.3	18.1
40 to 44 years	10.3	10.4	10.4	17.4	22.9	18.0
45 to 49 years	8.4	9.7	8.9	15.3	24.4	16.2
50 to 54 years	7.3	8.0	7.6	13.3	8.4	12.8
55 to 59 years	5.6	5.3	5.5	7.8	3.8	7.3
60 to 64 years	5.5	4.9	5.3	4.9	3.8	4.8
65 to 69 years	4.9	4.1	4.5	2.6	2.3	2.6
70 years and over	9.1	10.7	9.8	0.8	0.8	0.8
Unascertained	0.9	0.6	0.8	0.4	0.0	0.4
Total	100.0	100.0	100.0	100.0	100.0	100.0

For the entire group of new cases admitted during 1922, 24 of each 100 entered before reaching the age of thirty years, 23 between the ages of thirty and forty, 20 from forty to fifty, 13 from fifty to sixty, 10 from sixty to seventy, and 10 at seventy years of age or older.

These data confirm other studies and show conclusively that alcoholic insanity is principally a disorder of advanced middle life. Except in a few cases of pathological intoxication, the mental breakdown is generally preceded by several years of indulgence in alcoholic liquors, the average period in York State for men being 22.2 years and for women 16.4 years.[1] Doubt is thus cast upon the statement frequently heard that alcoholic insanity is a symptom rather than a disease.

With reference to education, it was found that of each 100 new cases of alcoholic insanity admitted to these hospitals, 9 were illiterate, 22 were able to read and write only, 56 had a common-school education, 6 had attended high school, 3 had attended college, and the education of 4 was unascertained. The following summary gives the percentages by sexes:

---

[1] See "The Use and Effect of Alcohol in Relation to the Alcoholic Psychoses", by Horatio M. Pollock. *State Hospital Bulletin,* Vol. 8, pp. 264-79, August, 1915.

Degree of education	*Males*	*Females*
Illiterate	9.1	12.2
Reads and writes	21.5	22.1
Common school	56.9	50.4
High school	6.2	6.1
College	2.9	1.5
Unascertained	3.4	7.6
Total	100.0	100.0

These results indicate that with respect to literacy, the alcoholic cases do not differ widely from the adults in the general population.

For the group of hospitals studied, it was found that 80 per cent came from urban communities and 18 per cent from rural districts, while the environment of 2 per cent was unascertained. The terms urban and rural are defined on page 555 in connection with the environment data presented for New York State. The percentage distribution of environment by sexes was as follows:

Environment	*Males*	*Females*
Urban	78.9	93.8
Rural	19.2	4.6
Unascertained	1.9	1.5
Total	100.0	100.0

Of greater significance than percentage distribution of the environment are rates based on the general population of the same environment. Table 12 gives the numbers and rates per 100,000 of general population of the same environment for those states from which data concerning environment were received from every state hospital in the state. The rates are based on the estimated population as of July 1, 1922, derived from the 1920 federal census.

The low rate for rural communities is particularly striking. The highest rates for rural communities are found in those states which are chiefly urban. Here a few cases of alcoholic insanity from country districts affect the rate disproportionately, as, for example, in Massachusetts and Rhode Island. On account of their close proximity to cities, it is probable that some at least of the rural cases of these two states have been subjected to urban influences.

TABLE 12. CASES OF ALCOHOLIC INSANITY AMONG NEW ADMISSIONS FROM URBAN AND RURAL DISTRICTS TO STATE HOSPITALS IN 18 STATES DURING 1922

STATE	URBAN				RURAL			
			Total				*Total*	
	Males	Females	Number	Rate per 100,000 of general population	Males	Females	Number	Rate per 100,000 of general population
California	60	8	68	2.7	42	..	42	3.6
Colorado	2	..	2	0.4	..	..	..	0.0
Georgia	2	1	3	0.4	2	..	2	0.1
Illinois	198	28	226	5.0	24	..	24	1.1
Iowa	17	2	19	2.1	6	..	6	0.4
Louisiana	2	..	2	0.3	3	..	3	0.3
Maine	9	..	9	3.0	5	..	5	1.1
Massachusetts	158	33	191	5.1	22	2	24	11.6
New Hampshire	12	2	14	5.0	7	..	7	4.3
New Jersey	31	4	35	1.3	19	1	20	2.8
New York	192	32	224	2.5	15	..	15	0.8
Ohio	52	4	56	1.5	7	..	7	0.3
Pennsylvania	32	1	33	0.6	9	..	9	0.3
Rhode Island	23	2	25	4.1	5	..	5	32.2
South Carolina	4	..	4	1.3	1	1	2	0.1
South Dakota	..	..	..	0.0	2	..	2	0.4
Vermont	1	..	1	0.9	..	..	..	0.0
Wyoming	1	..	1	1.6	2	..	2	1.4
Total	796	117	913	2.5	171	4	175	0.9

With respect to economic condition, it was found that of each 100 new admissions with alcoholic insanity to 94 state hospitals during 1922, 21 were reported as "dependent", 62 as "marginal", and 13 as "comfortable", while the economic condition of 4 was not determined. These terms are thus defined:

Dependent: Lacking in necessities of life or receiving aid from public funds or persons outside the immediate family.

Marginal: Living on daily earnings, but accumulating little or nothing; being on the margin between self-support and dependency.

Comfortable: Having accumulated resources sufficient to maintain self and family for at least four months.

Previous studies have shown that many of the male alcoholic cases in the marginal class are laborers and artisans employed in seasonal occupations. A large proportion of the female cases are servants or wives of laborers.[1]

---

[1] See "A Statistical Study of 1,739 Patients with Alcoholic Psychoses", by Horatio M. Pollock. *State Hospital Bulletin,* Vol. 7, pp. 204-68, August, 1914.

From Table 13, it will be seen that 36.7 per cent of the new cases of alcoholic insanity were single, 50.3 per cent were married,[1] 9.1 per cent were widowed, 2.6 per cent were divorced, while the marital condition of 1.3 per cent was unascertained. Wide variations appeared in the marital condition for the two sexes. In each sex, however, married persons contributed the largest number, as would be expected from their predominance in the general population. Relatively more single men than single women were admitted with alcoholic insanity. This may be due in part to the excess of single men over single women in the general population on account of the tendency of men to marry later than women, and in part to the fact that men on the average enter a hospital with alcoholic insanity at an earlier age than do women. (See Table 11.) The married women contributed nearly six times as many cases of alcoholic insanity as the single women. The difference in the percentages for married and single men was not so marked.

TABLE 13. MARITAL CONDITION OF NEW CASES OF ALCOHOLIC INSANITY ADMITTED TO STATE HOSPITALS IN 19 STATES DURING 1922, COMPARED WITH MARITAL CONDITION OF POPULATION OF THE SAME STATES FIFTEEN YEARS OF AGE AND OVER

MARITAL CONDITION	PER CENT					
	Population 15 years of age and over			*New cases of alcoholic insanity*		
	Males	Females	Total	Males	Females	Total
Single	35.3	28.5	32.0	39.7	11.3	36.7
Married	59.0	59.2	59.1	48.3	66.9	50.3
Widowed	4.8	11.5	8.1	8.1	17.7	9.1
Divorced	0.6	0.7	0.6	2.5	3.2	2.6
Unascertained	0.3	0.1	0.2	1.4	0.8	1.3
Total	100.0	100.0	100.0	100.0	100.0	100.0

---

[1] As the Federal Census Bureau makes no distinct classification for persons who are separated but not divorced, data for persons with alcoholic insanity who are separated are included with the married group.

The high percentages of widowed and divorced persons among the alcoholic cases, as compared with the general population, indicate that broken homes frequently preceded the mental breakdown. Back of the divorces and early deaths are the unrecorded quarrels, debauches, cruelties, privations, and diseases that too often accompany the excessive use of alcohol.

Conclusions

The following conclusions seem justified by the data presented in the foregoing pages:

Alcoholic insanity in this country is now much less prevalent than it was in 1910, but more prevalent than in 1920. The rate of decline since 1910 has been greater among women than among men. The reduction in alcoholic cases is due in part to a change in the habits of the people and in part to restrictive laws.

The rate of alcoholic insanity is much higher among the foreign born than among the native white population. The rate is extremely low among native women of native parentage.

The rate of alcoholic insanity is higher among Negroes than among native whites.

The enforcement of prohibitory laws is largely a matter of changing the more or less fixed habits of our foreign-born population.

The rate of alcoholic insanity is much higher in cities than in rural districts. There is practically no alcoholic insanity among women in rural districts.

Alcoholic insanity occurs principally in advanced middle life, following several years of excessive drinking.

With respect to education, economic condition, and marriage, patients with alcoholic insanity do not differ greatly from the general average adult population.

ABSTRACTS

FACTORS IN THE MENTAL HEALTH OF GIRLS OF FOREIGN PARENTAGE.

By Mary C. Jarrett. *Public Health Reports,* 39:447–72, March 7, 1924.

This is a study of 210 girls of foreign parentage who received advice and assistance from the Boston Society for the Care of Girls during the period 1919–22. The study, which was a part of the field investigations of mental health conducted by the United States Public Health Service, was undertaken as a tentative approach to an inquiry into the relation between mental health and social conditions in the lives of immigrants. This inquiry has two phases: the first has to do with the question whether the difficulties of adaptation to new customs encountered by immigrants lead to mental disorders; the second with the question whether the mental stresses and conflicts incident to such adaptation result in social disorders. The object of the present study was largely to develop methods of attacking these problems.

The group studied included only cases in which either the girl herself or both parents had been born outside the United States and in which the Boston Society undertook responsibility for an investigation and some form of social treatment. Cases that were merely advised without an investigation or that were referred to another agency were not considered. The group, therefore, does not represent all the immigrant problems that came to the society during the period in question, but only the so-called ''intensive social cases''. Thirty-two per cent of the total number of intensive cases for that period were of foreign parentage.

Of the 210 girls, 131 might be classed as delinquent—that is, they had committed markedly antisocial acts, ranging all the way from prostitution to persistent lying and disobedience to parents. The other 79 presented no serious instances of misconduct; their behavior included leaving home to stay with friends, being in the streets a good deal, and so forth. The factor common to all the cases was the social maladjustment of the girl.

Twenty-four nations were represented among the 210 girls, classified according to the birthplace of the father—Canada and Newfoundland by 56 cases, Italy by 34, Ireland by 24, England and Poland by 12 each, and the other nineteen nations by from 1 to 8 cases. In 128 cases, the girl was born in the United States and in 79 cases in a foreign country; in 3 cases the birthplace was not recorded. The proportion of girls born abroad was roughly the same in the delinquent and the non-delinquent group—about one-third.

The ages of the group ranged from infancy to twenty-six. Sixty-six per cent were between fifteen and twenty years of age; there were about the same proportion of delinquents and non-delinquents in this age range. Sixteen per cent were under fifteen, the larger proportion being non-delinquents, and 15 per cent were over twenty, the larger proportion being in the delinquent group. The majority of the foreign-born girls—58 per cent—came to this country when under fifteen years of age; about 21 per cent came after they were twenty.

The factors that underlie the social maladjustment of these girls can be divided into two classes: those that are common to both immigrant and native families—such as bad home conditions, restricted opportunities for recreation, delinquency of parents or siblings, mental disorder, and physical illness either in child or parents—and those that are peculiar to immigrants.

In only 27 per cent of the cases under consideration was it possible to say, from the data presented in the case records, that factors peculiar to immigrants contributed to the girl's maladjustment. Such factors may have played a part in the other cases, but if so ''the facts lie back of the obvious situations reported in the records, in the personal lives of the different members of the family and their relations to each other. In 73 per cent of the cases there existed conditions not obviously related to the foreign origin of the parents which seem to be in themselves sufficient explanation of the mental and social disorder found among these girls. By the time these problems reached the social agency the social maladjustment of the girl had reached such a pitch that finer shades of causation were lost sight of in descriptions of present difficulties. . . .

''Forty-one per cent of the girls showed some kind of mental difficulty—a subnormal intelligence, a mental disease, or marked emotional instability. The asocial behavior in the cases of mental defect, disease, or instability could not be wholly attributed to difficulties of adaptation to American life. The nature of such disorders was, to some extent at least, due to inborn character. In 70 per cent of all cases mental disorder in some form was a complicating factor, appearing either in the girl or one of the parents, and possibly this percentage would be higher if the mental condition of the parents were known in those cases in which the facts reported were insufficient to indicate it. The extent to which difficulties of adaptation promoted mental disorder in the parents cannot be told, but it is likely that some inborn tendency existed in many of them. The facts reported about the siblings are not sufficient to indicate the probability of abnormal mental strains in the families. In 25 per cent of all cases mental deficiency or definite mental disease occurred either in the girl or in one of the parents.

''Unstable homes and broken family life are found in a high percentage of the cases studied. Both parents were living and together in less than half (45 per cent), and the girl was living with both parents in only 32 per cent of the cases. In only 35 per cent were the parents able to provide a comfortable, morally decent home for the girl; and this fact does not take into account possible discomforts arising from mental attitudes and customs. There was friction between the girl and the parents with whom she made her home in 47 per cent of the cases. The living conditions of 47 per cent of the girls were decidedly unsatisfactory—either without a home or in an unsuitable home. Thirty per cent of the girls were subjected to bad moral influences in their own homes. Family life for these girls was much broken through influences such as those resulting from the death of one or both parents, from step-parents, foster homes, institutional care, illegitimate birth, separation of parents, and desertion.

''Delinquency in one or both of the parents occurred in 62 per cent of the cases in which their character was reported (46 per cent of all cases). In only 18 per cent of the girls were both parents reported to be of good character, and in 16 per cent both parents were delinquent.

''Information concerning recreation and companionship is lacking in about half the cases, but the small percentage of cases in which the girl was known to have had satisfactory recreation and companionship would indicate a marked lack of opportunity for activities in leisure time. Church attendance was not reported in about half the cases, and only 10 per cent of the girls were known to take an active interest in the church.

''This group would seem to be fairly representative, from the economic and educational standpoints, of an average American workingman's community. The economic condition of the family was decidedly comfortable in 30 per cent of the cases, and financial difficulties were evident in only 15 per cent. The fathers of the girls were, in most cases, workmen in occupations requiring intelligence, and over one-fourth were in skilled trades or owned their own business. The girls were educationally up to the average, and one-fifth of them were of high-school grade. About one-fourth of the group were not yet out of school. Of those working, one-half were employed in factories; and of those employed and whose work record was known, 62 per cent were efficient (32 per cent of all cases).

''In 27 per cent of the whole group of cases the family was attempting to maintain their native customs and to bring up the girl as they would have done in their own country. These show unmistakably that the struggle between the immigrant's standards and American ways was a direct cause of the girl's problem. They do not show, however, what other causes contributed to her difficulty, nor how important the foreign factor was. The proportion of non-delinquent girls among these cases is greater than the number of delinquents. The effect of foreign customs as a factor in the social maladjustment can be seen in three-fifths of the cases of girls with mental disorder, and in one-fourth of those without evidence of mental disorder. Among the emotionally unstable girls, marked indications that foreign customs were a contributing cause of the mental trouble were found in 35 per cent.

"Facts concerning the social adjustment of siblings would be of great significance in evaluating the relative importance of inborn character and family custom. The information in the records, however, is insufficient to give any reliable indication of these facts. In 40 per cent of the cases with siblings there is no report of their character and conduct, and in 42 per cent no report of their mental condition. In the cases that contain information concerning siblings, the report does not always include all of them. In individual cases reports of successful adaptation of siblings to conditions apparently the same for them and the girl under consideration raise the question as to whether personal traits rather than environmental influences were not the basic cause of the girl's difficulty, and whether conditions that appear the same for the different children in the family actually are the same. The latter should take into consideration the relationships between various members of the family as part of the home environment, and the effect of influences outside the home upon the home life of any member of the family."

Miss Jarrett feels that her study reveals the need for a more searching investigation of the facts that lie back of immigrant problems.

"Social case records should contain more information upon the social background of the immigrant in the community from which he originally came, his native intellectual endowment and education, his plans and desires, and his feelings and attitudes about this country. They should also contain descriptions of the particular American community in which the immigrant has settled, an account of the attitude of the community toward the immigrant, and his reaction toward that attitude. In other words, we should know the immigrant, his feelings, his new environment, and what opportunities are offered him. We should know this for every member of the family. While the records deal chiefly with factors that are common to all cases of social disorder, they are of little value in indicating measures that would help the immigrant situation. . . .

"The girls in this group represent 24 different nationalities, and there are not enough from any one nationality to throw light upon national customs in relation to American conditions. We need studies of large numbers of cases from different national groups to afford statistical indications, and also more intensive studies of smaller numbers of different nationalities carried on over a period of time, in which the process of adaptation may be studied while in progress and the interaction of influences within and without the home may be observed and experimented with. We need studies of the boys as well as the girls of immigrant families, and of all the children in a large number of families.

"The factors that determine whether the child in the immigrant family shall become a productive American citizen or a useless burden upon his adopted country are many and complex. As in the physical sciences no problem is considered too complicated for study and experimentation, so in the mental sciences we are becoming bolder and are beginning to regard human nature as also subject to investigation. Investigations of human nature have brought the realization that an individual's life is not determined primarily by economic or legal factors, but by his mental attitudes and habits and by the effect upon him of the attitudes and habits of others. It is the task of mental hygiene to find means by which helpful mental attitudes may be developed and those that are harmful prevented. It is important to determine what special measures in mental hygiene are required for our foreign born. In careful studies of the causes of failures in immigrant adaptation, and especially of mental attitudes and habits, the primary factors in success or failure, lies our hope of bringing about a decrease in mental diseases and in antisocial behavior due to mental instability among the foreign born in this country."

THE ECONOMIC VIEWPOINT UPON SYPHILIS IN INDUSTRY. By W. Louis Hartman, M.D. *The Journal of Industrial Hygiene,* 5:341-46, January, 1924.

Dr. Hartman, who is chief surgeon of the Michigan Central Railroad Company, at Detroit, discusses here some of the economic effects of syphilis that are not generally realized.

Figures gathered in France and in the United States give some idea of the extent of the problem of syphilis. According to a survey made in France since the war, the number of active syphilitic patients in the entire population was $14^2/_7$ per cent. The figures from this country give an even higher percentage of syphilitic patients—about 20 per cent. In three general hospitals in which a Wassermann was made of every case that entered, 25.5 per cent of the 1,358 patients examined were found to be actively syphilitic. In one of these hospitals, which made spinal-fluid examinations, 39 per cent of 306 cases showed involvement of the central nervous system. The percentages in hospitals, however, are naturally somewhat larger than in the general population, especially if the hospitals are located in industrial centers, where syphilis is more prevalent than in farming communities.

In the matter of taxation alone, syphilis is a tremendous burden upon the community. Statistics show that state taxes for the maintenance of hospitals and prisons to care for those who are confined as a direct or indirect result of syphilis come to $1.98 per capita, or $237,600,000 for the United States. This figure would probably be doubled if complete returns could be secured from municipal, county, and federal institutions. It was estimated that in the year 1919, social diseases—among which syphilis was predominant—in the army alone cost the United States about $15,000,000. No estimate has ever been made of the amount expended in pensions for men incapacitated by the disease.

One of the less obvious ways in which syphilis is a source of economic waste is in its effects upon those who are injured in industry. Recovery from the injury is retarded in 75 per cent of the cases of those who are suffering from active infections. Dr. Hartman's observation has been that the period of recovery is from 20 to 40 per cent longer when such an infection is present than when it is not. The physician knows that the protracted recovery is not due to the traumatism, but it is hard to make compensation boards realize this. Again, the employment of unhealthy persons increases length of disability, and insurance rates are increased in proportion.

Syphilis should be considered also in relation to accidents, since an employee who is mentally or physically below par is more liable to accidents than a healthy employee. His unhealthy condition has its effect upon his machine, too; in the first place, he does not obtain full production from it, and in the second, he is likely to fail to give it the proper care. Moreover, subnormal mental and physical conditions are often at the root of labor troubles. The exalted ideas resulting from cerebral syphilis are very apt to give rise to such troubles.

The economic effects of syphilis are not limited to its ravages among the rank and file of the workers. It has even more disastrous consequences among executives. "One member of the executive family with a diseased brain filled with delusions of grandeur is liable to ruin the whole institution. The unfortunate part of cerebral syphilis is that the exaggerated ideas which a person suffering from it has exist from six months to two years prior to the time that his associates notice his abnormality. They simply credit him with being peculiar, and by the time his condition is so far advanced that they notice there is something wrong, his department—or even the whole plant—is wrecked.'' Dr. Hartman instances, from personal knowledge, five concerns that were wrecked by sick executives.

The remedy for the present situation with regard to syphilis in industry lies in periodic physical examinations both of executives and employees by competent men who have been properly trained in the work—that is, who are experts in the disease in question. The general practitioner is liable to overlook it in its early stages unless he is looking for it particularly.

To the objection that employees will not submit to such examinations, Dr. Hartman answers that they will if they are given the right point of view. They must be individually educated to realize that the physical examination is as much for their benefit as for that of their employer—that the discovery of disease conditions does not mean discharge, but intensive treatment aimed at bringing the patient back to 100 per cent efficiency. Incidentally, these periodic examinations would uncover other diseases and physical defects that are responsible for an increased ''overhead'' and that could be corrected to the benefit of all concerned.

''Syphilis and its economic frills,'' Dr. Hartman concludes, ''. . . cost the United States about one billion dollars annually—and this is a conservative estimate. Syphilis alone costs the industries in this country countless millions of dollars every year which could be saved if the proper precautions, such as looking after the health of the employees, were taken. My hope is that our industrial leaders will consider the matter seriously—will ask themselves if it will not pay (financially, morally, and physically) the employee, employer, and stockholder to correct existing conditions.''

MENTAL DEFECTIVES IN THE COMMUNITY. By Katharine G. Ecob. *Ungraded,* 9:125–32, March, 1924.

This study gives the results of an analysis of 415 cases of mental defect in the community from the point of view of their social value. The data were taken from the records of the New York State Commission for Mental Defectives, which in 1920 appointed four field agents to care for mental defectives not in institutions. Fifteen clinics were organized in various cities of the state, at which patients are seen by a psychiatrist and given a physical, psychological, and psychiatric examination. The field agents give the psychometric tests and talk with parents and social workers, afterwards visiting the homes and following up cases to see that clinic directions are carried out and to supervise cases that require continued care. The present study is based upon the first annual report of these field agents, covering a period of nine months.

The 415 cases include all that were visited during the period in question. In every instance at least one home visit was made and sometimes the employer and other agencies were called upon. Of the total number, 232 were boys and 183 girls. Fifty-nine per cent of them were under sixteen years of age and only a few were over twenty. The cases were unselected, but a great many of them were referred by the board of education in New York City, which refers only cases of the lower grades of mentality. The group was, therefore, to some extent a selected group in respect to age and mentality.

The mental diagnoses of these cases were as follows: 70, or 17 per cent, were morons; 172, or 41 per cent, were imbeciles; 35, or 8 per cent, were idiots; 4, or 1 per cent, were not defective, 1 being a dull normal, 2 cases of dementia praecox, and 1 a case of juvenile paresis; in 134, or 32 per cent of the cases, mentality was not ascertained. Nearly all of this unascertained group were of low mentality and, if classified, would have fallen into the low-imbecile or idiot group. About 75 per cent of the 415, therefore, were of imbecile grade or below.

At the end of the year, the field agents made an estimate of the social value of these individuals. While the estimates are subjective, they represent the views of four different people after careful investigation. A tabulation of these estimates gave the following results: 74, or 18 per cent, of the 415 cases were employable; 44, or 11 per cent, were useful at home; 110, or 26 per cent, were harmless; 155, or 37 per cent, were burdensome or troublesome; and 32, or 8 per cent, were an actual menace to society. From this it appears that 55 per cent of these cases were either harmless or of real value to society. Of the burdensome or troublesome group, fully half were not antisocial in behavior, so that it can safely be said that 70 per cent of the whole group presented no serious social problems. It should be remembered, too, that 59 per cent of the 415 cases were under sixteen years of age. Many of these individuals under sixteen are at present in the harmless class, but may become useful at home or employable as they grow older. The low level of intelligence of the group should also be taken into account; an unselected group would show a larger proportion in the useful and employable classes.

The cases classed as employable either were at the time or had been employed for wages. So far as ascertained, the wages were as follows: 3 individuals were earning from $1 to $5; 14 from $5.01 to $10; 15 from $10.01 to $15; 7 from $15.01 to $20; and 3 over $20. The average wage was approximately $12, the highest $36.

In 46 cases, the type of work was ascertained. Four were doing skilled work, 11 semi-skilled, 30 unskilled, 1 was in the navy. More than twenty-five occupations were represented in the employable group, the most common being errand boy or girl, "helper" (in laundries, lumber yards, barber shops, fruit stands, bootblack stands, etc.), packer (of candy, cigars, hair nets, etc.), and machine operator. In this connection the author emphasizes the fact that the kinds of work in which mentally defective persons are usually engaged are not the kinds that appeal to persons of normal intelligence.

The class of those who were useful at home included children who assisted with the housework or in the care of younger children, ran errands, and so forth. While not capable of continued work for wages, such individuals are of real service in the home.

The 110 harmless cases, mostly stable defectives of a low grade of intelligence, were individuals who made no particular contribution to the home or to society, but who were not antisocial. The relation of such individuals to the home is very much that of a young normal child.

The children classed as burdensome were those who required a great deal of care, either because of physical defects or lack of stability. The troublesome cases included the excitable type, the delinquent, and the incipient delinquent. As a group, these cases suffered from defects of personality as well as of mentality.

The small group of those who were classed as a menace were the definitely antisocial cases—both those who had active antisocial impulses and those who had so low a grade of mentality or were so unstable that they were in danger of being used for antisocial purposes by unscrupulous persons. It is of interest that only 13 of the 415 were known to have been in court. Of these, 5 were cases of improper guardianship, 1 of incorrigibility, 1 of insanity, 1 of loitering, 1 of petty theft, 1 of sex offense, and 1 of truancy; 1 was in court for striking a teacher, and 1 for being ungovernable. The cases of improper guardianship and the case of insanity cannot, of course, be classed as delinquent.

Lest the objection be made that the cases presented are not typical of mental defectives in the community because they were all under supervision and hence might be expected to make an unusually good showing, the author states that 58 per cent of the cases received only one visit and 15 per cent only two. Intensive work was necessary in only about 30 per cent of the cases. The majority did well with little or no assistance.

In view of these findings, the author feels that a very marked change in the attitude of the public toward the feebleminded is not unlikely.

"For some time it has been known that intelligence is distributed from the highest to the lowest, with no break in the curve. What is more evident than the fact that the work of the world is distributed in the same way, from that which requires a great deal of intelligence to that which requires very little? For every degree of intelligence, except the very lowest, there is suitable work of some kind.

"It may well be that the next decade will see a change in the point of view toward mental defectives and that instead of being considered a social menace they will come to be regarded as an important undeveloped resource."

FUNDAMENTAL PERSONALITY TRENDS IN TUBERCULOUS WOMEN. By Anita Mary Mühl, M.D. *The Psychoanalytic Review,* 10:380–430, October, 1923.

The object of this study of tuberculous women was to determine whether there were any common personality trends among them, and if so, whether those trends were in any way related to the physical features observable. Thirty patients were studied, all except four of them in hospitals. Eleven were in a private institution, ten in a district hospital, and five in an institution for psychopathic patients. Of these five, two had been psychotic at one time, and three had been finally diagnosed as psychoneurotic. The other twenty-five had made good adjustments and were considered normal by those around them.

Two of the thirty were Latins, one was a Celt, one a Scandinavian, and one a Negro. Eleven were from the eastern part of the United States, three from the northern part, three from the West, six from the South, and three from the Middle West.

The social conditions represented among them were varied. Some were wealthy and well educated; others had had a good education, but were poor; and still others were poor with a very limited amount of education. Some had had to work and support themselves, others had never done anything.

There was a good deal of variation also in the occupations of those who worked. Three were stenographers, two musicians, two hotel maids, and two trained nurses; one was a clerk in a store and one in a bank, one was a writer, and one a seamstress.

Fourteen were single, sixteen married. Of the latter, two were widows, one was divorced, and five had obtained separations from their husbands.

The ages of the thirty ranged from two to sixty. One was below five, one just below twenty, three between twenty and twenty-five, eight between twenty-five and thirty, six between thirty and thirty-five, one between thirty-five and forty, four between forty-five and fifty, five between fifty and fifty-five, and one over fifty-five. All were sufficiently intelligent to coöperate satisfactorily in the investigation.

In order to keep the material uniform, a personality outline was devised and followed in all the studies. This outline was designed to give a pretty definite idea of the patient's reactions from early childhood. It covered family history; general medical history (chronological); detailed medical history; detailed psychological history, including data on energy, moods, the instincts (anger, fear, and sex), the senses, the intellect, environmental influences, adjustments, and special features determining and indicating conflicts; postural difficulties; respiratory behavior; and physical and laboratory findings.

Special attention was paid to environmental factors, which included (1) molding influences, such as sympathy, encouragement, stimulation, opposition, and lack of interest and appreciation; and (2) changes such as loss of members of the family, or additions to the family, geographic changes, financial changes, and emancipation. It was among these environmental factors that some of the most important sources of conflict were discovered. Hindrances to self-expression and injuries to self-esteem were equally important in determining conflicts.

In the case of every incident and trend, record was made of the year of the patient's life in which it occurred or of the period during which it was present. At the end of each study the results were tabulated.

It was at first thought that the work could be done without the aid of psychoanalysis, but this was later found to be to some extent necessary and enough of it was done to work out the details of the outline. No attempt was made at psychotherapy, but many of the patients were benefited even by the small amount of analysis that was done.

The author emphasizes the point that merely asking the patient about the characteristics in the outline would have been of no value whatever; often it was only after weeks of hard work that it was possible to make a definite assertion as to the presence of a given trend. One of the chart sheets and a small part of the material of two cases are presented to show how the investigation was conducted.

A study of the findings showed that this group of thirty presented certain common characteristics. In view of the wide variations in age, social condition, nationality, and occupations represented in the group, the author feels that she is justified in drawing from those findings the following general conclusions:

"1. That in tuberculous women there are certain *fundamental personality trends which are common to all,* no matter what the apparent type of reaction may be.

"2. That they have a twofold mixed personality which shows strongly marked introverted qualities suggestive of a praecox-like pattern on the one hand and extroverted tendencies with a manic-depressive-like swing of greater or less intensity on the other.

"3. That the mixed personality is responsible for an immense misuse of energy—imprisoning and burying on one side, recklessly expending on the other, thus leaving a very small or no surplus for emergencies, either physical or mental.

"4. That the patients may present the most varied picture to the casual observer—gay, sad, suspicious, frank, hypomanic, depressed or shut-in—according to which group of trends is in the ascendancy, introvert or extrovert.

"5. That if the patient does develop a psychosis or psychoneurosis, she may present apparently quite varied pictures at different times, for the reasons mentioned above.

"6. That the most characteristic trends cannot always be disclosed by questioning, but that it requires analysis to get at them.

"7. That the common features are inertia, fatigability, oscillating mood, perseveration, irritability, converted sex trends in the form of masochism and sadism, suggestibility, hypersensitiveness, regressive and suicidal trends, depression, and abnormal respiratory behavior.

"8. That other very frequent characteristics are ambition, evidence of dissociative trends, memory impairment, and daydreaming.

"9. That wherever there is a combination of suggestibility, with both masochism and sadism well marked, there is also found evidence of dissociative trends with strong bisexual features.

"10. That the regressive trends are very deeply rooted and are influenced and modified by the patients' suggestibility, feeling of inferiority, and sensitiveness.

"11. That the so-called optimism of the tuberculous patient is chiefly a myth or at least only a compensatory feature, because depressions and suicidal trends in the unconscious were found in all of these patients.

"12. That psychotherapy has a distinct place, in addition to routine treatment, in the treatment of the tuberculous patient.

"13. That not until we are prepared to cope with all three phases of the disease, physical, mental, and bio-chemical, will we be able really to understand and adequately care for our patients."

The article concludes with a very full bibliography.

BOOK REVIEWS

Eugenique et Selection. By Eugene Apert, Lucien Cuénot, Major Leonard Darwin, Frederic Houssay, Lucien March, Georges Papillault, Edmond Perrier, Charles Richet, Georges Schreiber. Paris: Felix Alcan, 1922. 247 p.

A collection of papers of varying significance has recently been issued in Paris with the object of presenting to the French public the aim and scope of the science of eugenics. Most of the articles grew out of a series of meetings in 1920-21 at *l'Ecole des Hautes-Études Sociales* devoted to a consideration of the consequences of the war from the standpoint of eugenics. The meetings were held by the French Eugenics Society, of which Perrier was then president. Other articles include one by Frederic Houssay, dean of the Faculty of Sciences of the University of Paris, a translation of a paper given by Leonard Darwin at the International Eugenics Congress in London, and a long study by Lucien Cuénet, which was presented in New York in 1921 at the Second Eugenics Congress.

Perrier, in a paper on eugenics and biology, gives as part of the aim of the group ''to investigate, to establish, to popularize the means of repairing the unprecedented losses that our country has suffered of those who were its strongest, bravest, and finest''. He considers that natural selection is a very imperfect method of improvement, for it allows the weak to reproduce themselves. He definitely accepts the inheritance of acquired characteristics, and says that we should not advocate an increase in physical exercise until we have found out what advance the sons of athletes have made. He fears that too much exercise will develop in the blood the poisons that produce fatigue and that these poisons are capable of altering the reproductive elements.

Frederic Houssay, a vegetarian, contributes a paper on eugenics and diet, which is of somewhat more significance than that of Perrier. He defines the aim of eugenics as the improvement of the human race and the removal of its defects. Recognizing that one of the means to this end is the elimination of the unfit, he nevertheless thinks that excessive emphasis on this aspect has been to blame for the unfortunate reception of the eugenics program by the French, for such an idea, he holds, is utterly out of key with French thought. His conception of eugenics is sufficiently broad to cover a vast field:

''Étudier par l'observation clinique et par l'expérience le déterminisme et la propagation des tares, entraver par une hygiène

appropriée les déterminismes à mesure qu'on les connait, guérir tant qu'on le peut les tares légères reconnues à leur apparition précoce, soigner charitablement les incurables tant qu'il s'en produit et n'attendre leur extinction que du succès inlassablement poursuivi de nos efforts à enrayer le mal de son origine, la guerre à la tare plutot qu'aux tares, voilà un programme suffisamment vaste et qui peut réunir toutes les bonnes volontes.''

It may even be suspected that so vast a program will fail of the effect that might be produced by a more carefully restricted plan, and, while the sentiment is of the finest, some doubt may be entertained as to whether it is possible to fight the ''*tare*'' without making considerable aggression against the ''*tares*'', so difficult is it to separate the man and his qualities.

The particular contribution of Houssay is contained in his study of six generations of hens fed entirely on fresh meat. At first the results seemed very favorable—increased number of eggs, unusual beauty of plumage, and so forth—so that if the experiment had lasted only two years, Houssay would have concluded that the change of diet had been beneficial. Later, changes in all the organs began to appear, as well as symptoms of growing toxicity and organic fatigue. ''These acquired modifications showed themselves to be hereditary and could be noticed in the young chickens before the conditions of their individual lives had produced any transformation in them.'' The régime of all-meat diet, becoming unfavorable to the individual, was even more harmful to the germ cells and in consequence to the race. The decrease per year in the number of chickens hatched from one hundred eggs is shown by the following scale of hatchings: 100, 27.2; 18.6; 6.35. At the end of the last year there were practically no chickens produced at all. The number of adults reared from every 100 ''*éclosions*'' followed the series: 66.6; 45.4; 33.3; 25; 0. ''*Et voila un régime qui a conduit une race à l'anéantissement en 6 generations par la stérilité croissante.*''

The author considers that this same thing is happening in the human race. Families attain wealth, eat too much and the wrong things—''the immense majority of civilized persons are overnourished''—poison themselves, and so hasten their own decay and affect future generations. All food is to a certain extent toxic because assimilation is never complete, but a residue is left which is toxic for the organism. The greatest individual problem is evacuation of excreta; this evacuation is never total; what remains in the organism, in spite of the neutralization of the hormones, accumulates there, prevents indefinite growth, and brings senescence and finally death, which is produced inevitably, even without illness. From generation to generation each individual begins his life in conditions less favorable than those of his procreators and finally families destroy themselves by luxury, so that in large cities such as Paris very few families reach three generations of urban life. The élite of the nation is constantly being destroyed as fast as it is developed, and degeneration because of success is as unfortunate as degeneration because of poverty.

The relation between the hygiene of eugenics and the hygiene of the individual is clear:

''*Elles se ressemblent en ceci qu'elles sont identiquement constituées par les mêmes pratiques; elles différent en ce que l'une doit être beaucoup plus précoce que l'autre. Celle-là doit s'exercer avant même qu'aucun besoin personnel ne s'en soit fait sentir; elle doit prévoir de plus loin. Il est bien certain d'ailleurs que cette prévision ne pourra qu'être bienfaisant a l'individu lui-même pour sa propre vie.*''

Charles Richet, in *La Selection Humaine,* directly attacks the question of the hereditary transmission of acquired characters. At once he seems to confuse the inheritance of acquired traits and the improvement of a breed by selection, and believes that in showing the increasing perfection of domestic animals or of race horses he has demonstrated his view of the inheritance of acquired characters. ''*Il serait aussi absurde de le contester que de nier qu'il fait jour en plein midi.*'' He quotes an experiment of his own in which ''the resistance to poison is a character that the ferment has acquired and that becomes hereditary''. Just after this he manifests his confusion of thought in the statement:

''Since living creatures, whether superior animals or microbes, have all, without exception—without a single exception—the aptitude for hereditary transmission, it becomes *a priori* absurd to suppose that man departs from this general law, and that he is the sole living creature incapable of being transformed by selection and heredity.''

However, this transmission, according to Richet, has a limit: it is necessary that the selective effort be prolonged, and the modified species has an almost irresistible tendency to revert to the normal primitive type. ''Each new character, established in the animal race by human effort, is fragile, unstable; it does not become firmly hereditary until after a long succession of generations.'' Furthermore, not all modifications are capable of being transmitted by heredity. As Weismann supposed, there are in the reproductive cells both modifiable and unmodifiable elements, so that ''by selection and heredity one can change some of the characters of the individual and transmit them thus modified, but one cannot change all''.

Later, the author seems to change his ground somewhat—to consider that we can do nothing more than select for breeding the superior animals and intensify such characters as have already appeared in certain individuals. He feels it necessary to establish the facts of physical inheritance, as well as of mental, which he sets about to do in an extremely naïve manner. He further argues that intelligence is hereditary while genius is not, and shows acquaintance with the work of Galton, but not with that of Pearson.

He considers that the desiderata of human selection are health and strength and intelligence more penetrating, more profound, more extensive than is generally found. Again, his confusion of thought appears in the closely following statement that the indispensable virtues to be sought in selection are summed up in a single word, normality: *"Il faut que les générations ne s'écartent pas trop de la moyenne generale du type humain."* One wonders just how selection is to work an improvement if its chief object must be to maintain the present mean. As the norm is determined by the constituents of the group, and fluctuates as the group fluctuates, it seems a rather strange and uncertain point at which to aim, and its selection as the object of eugenics a contradiction in terms.

Richet expresses a good deal of concern over the fact that those rejected as unfit to carry a gun are considered good enough for marriage and reproduction; and, contrary to the majority of his colleagues, he comes out strongly in favor of preventive eugenics, hoping that prohibition of the marriage of the unfit will be regarded as an urgent social necessity. In regard to the contention that this will increase the number of "*unions libres*", he replies that we have no control over such unions and that it is necessary to limit our attempts to what lies within our power. To a second objection—that it is difficult to set proper limits to the prohibition—he is content to leave this determination to physicians and to the "legislators of the future". He regrets that the "*moyen heroique*" of sterilization cannot be used, because society has "for this wretched jailbird very tender feelings". The list of prohibitions should include idiots, the insane, and the criminal as well as the weak and the sick, and "if we have not the courage to formulate and to carry out this prescription, we must despair of the future", for in our present society the inferior elements are never eliminated. One cause of this is the elimination of sexual selection and marriages based on cupidity rather than attraction.

At the close M. Richet returns to his thesis that every individual improvement survives in the descendants, and if we wish the progress of humanity, we must seek to change ourselves, to improve our mental and physical hygiene.

In *Eugenique et Santé Nationale,* Dr. Apert proposes to discuss the consequences that war can have upon the health of a nation, and seems to write for the purpose of minimizing any supposed evil effects of the World War. It is significant that not one writer in the group comes out with a definite statement as to the biological harm that war at present so obviously brings. Apert believes that the periods of peace that have followed long wars have been periods in which the national health has been completely restored. In the World War more than a million and a half French soldiers perished, while hundreds of thousands returned to their homes more or less seriously wounded or weakened.

Apert takes up in review various diseases—smallpox, cholera, the plague, the scurvy, even typhus, which appeared among the Serbian refugees, and typhoid fever, which was threatening during the retreat from the Marne and before the troops had been vaccinated—to find that these did not play at all the devastating rôle that they played in past wars. Measles for a time was very prevalent and serious, but had almost disappeared in 1920. The grippe also was alarming at one time, so that in Paris in a single week of October, 1918, which marked the height of the epidemic, there were registered 446 deaths of men and 817 of women, the disease being both more prevalent and more dangerous among women. The grippe has also disappeared, so that there remain none of these diseases at the present time. Syphilis, about which *''vous savez quel cri d'alarme avait eté jeté pendant la guerre'',* has been cured in many cases by the new methods used in the army, so that in Paris at least, *''la redoutable diffusion que l'on craignait ne c'est pas produite''.* The development of anti-syphilitic dispensaries has also been helpful, but the author believes that in the country the outlook is not so favorable as in Paris. With regard to tuberculosis, there was a great increase during the war; among the refugees particularly, large numbers of women and children developed the disease. At Lille at the end of the German occupation the majority of the children of the schools presented *''des adenites tuberculeuses cervicales'',* while at both Brussels and Liége the children showed a definite retardation in development.

The doctor is concerned with the possible diminution of reproductive capacity among the wounded and mutilated, although he declares that in the case of amputations, fractures, and so forth, reproductive value is not diminished, and there is no danger of transmission of the mutilation to the offspring!

As consequences of the war, from the eugenic standpoint, are considered the decrease in births and the increase among the young of nervous troubles due to the fact that the schools were disrupted and the children neglected and put to work upon tasks not suited to their years. This statement is characteristic of the French understanding of eugenics, which they extend to cover euthenics as well, and in considering which they customarily fail to distinguish between environmental and individual factors and the hereditary endowment. The author concludes that the nation must fight against alcoholism, which can easily be suppressed, as proven by the success in eliminating absinthe, and thinks that this goal is not far from attainment. Syphilis and tuberculosis must continue to be met with therapeutic measures. But the great aim, the most efficacious measure, is the increasing of the birth rate, which must be encouraged by every means. If these measures are carried through, it may be hoped that the national health will be restored as completely after this war as after previous wars.

Lucien March, the founder of the French Eugenics Society, ranges himself also on the side of the doctrine of acquired inheritance, stating in regard to certain experiments, the interpretation of which has been contested, that ''it is always easy to bring into the results of an observation the effect of a hidden influence as mysterious as heredity''. In his paper *Natalité et Eugenique,* he emphasizes the need of increasing the birth rate and of developing a moral sentiment that will render people willing to make sacrifices for the future. Due to the losses of war, there will be lacking in 1935 one-sixth of those whose work should furnish the principal revenue of the nation. The immigration that could be secured to compensate for this would be undesirable, and the work of women can be only a temporary palliative, for ''women who work cannot be fecund mothers''. Prevention of births, in cases of poverty, is to be approved only after the method of Malthus—delayed marriages. Malthus' theory in regard to the dangers of an increasing population is denied and his pessimism is considered dangerous. Parents must not become too timid to prevent their acting in the manner most conducive to the welfare of the society of which they are a part; they must be willing to sacrifice to a certain extent personal interest to the common interest, and they are bidden to have confidence in the future. Among marriages that have lasted more than twenty-five years, the number of sterile marriages increases with the annual income. Nevertheless, it is considered desirable to assist by a monthly allotment families that have at least three children less than thirteen years old, according to the law of 1913.

American eugenists would be certain to interpose here that this procedure will encourage the proliferation of the very part of the population that is least desirable from the eugenic standpoint, but the national emergency in France, the pressure for mere numbers, is so great that it warps or prevents a consideration of the actual eugenics aspect, as understood in this country. Other features apparently approved as eugenic are associations of employers to assure the employees an allotment according to number of children, exemption of heads of large families from certain taxes or the addition of a tax to celibates or families without children, reduction of fare on railroads for large families, and the severe law of 1920 against abortion and the sale of contraceptive products.

Dr. Papillault, in his discussion of the psycho-social consequences of the last war from the eugenic point of view, is as dogmatic on the side of innate characters as most of his associates are on the opposite side. Eugenics he considers a part of anthropology, and he states that ethnic characters are permanent, the Turk, the Russian, the Jew, the German, the English, the French, all having behaved in the last war in their characteristic fashions. Despite the tremendous nervous strain of the war, it is doubtful, he holds, whether one can speak of pathological cases actually caused by the war. The war of 1870 had a negligible effect on the number of insane, while after the last war, in 1918, the number in asylums was about 4,000 less than in 1914. The brain has had to be a well-constructed machine with great resistance, else humanity would have disappeared long ago, although to listen ''to some hygienists'' one would think humanity had evolved in ''a box of cotton''. The war acted only upon those already predisposed to pathologic developments; ''the eugenists are right''. However, delinquency is not, like madness, essentially organic and hereditary, but is a psycho-social reaction which has increased during the war. Unsettled conditions, the absence of the father, are named as items in the spread of delinquency, as well as the imposing upon young persons of the burdens of adults, as a natural result of which the young boys seek to play the man on Sunday by going out with their companions. In the little bands that are thus formed, delinquency or crime satisfies two fundamental instincts of the human soul which are ordinarily antagonistic: the gregarious—since the offense is accomplished with the aid and approval of companions—and the instinct of combativeness and of pillage. With the return of the father and of normal conditions, delinquency disappears, as proven by the criminal statistics of 1919, which show a sharp decrease in the delinquencies of children. This was not caused by any change in the psychic tendencies of adolescents; it was the change in the social order that was responsible.

In *Eugenique et Mariage,* Dr. Georges Schreiber is the first to consider the question whether war is anti-eugenic, stating that this is a delicate subject which should be considered from two points of view—

that of the individual and that of the group in conflict. He sees some truth in the contention that in time of peace obligatory military service is favorable to eugenics. In this he would seem to confuse eugenics with bodily hygiene. He admits that the loss of young men of the best reproductive age is disastrous and that it is wrong to take the young and leave the old, who have neither the desire nor the capacity to reproduce themselves. Before the war the women were scarcely more numerous than the men, while now there are 126 women for 100 men. However, with this larger number of women available, the young men will be incited to marry those that offer the best guarantees of productive capacity. He quotes certain authors who hold that war has a eugenic value because of the operation of natural selection, by which the war gives the victory to the group composed of the most vigorous and best-endowed individuals.

The consequences of the war from the point of view of marriage are seen as a notable increase of marriages and a slight increase in births. The increase in marriages in 1919 should have brought a great increase of births in 1920, and in fact the first half of 1920 showed double the number of births of the same period in 1919. Another consequence of the war was the increase in the number of mixed unions. The issues of involuntary unions of Frenchwomen and German soldiers present an interesting question as to whether the paternal characters transmitted by heredity will be dominant or will be lessened by the influence of the environment in which the children will be reared. Other mixed unions of a voluntary nature took place between French and Belgians, English, Canadians, Australians, Italians, Portuguese, and "*surtout Americains*", also offering questions of interest to eugenics in regard to the mixture of races. (It might be interesting to inquire of the writer what races actually were mixed in these unions!) No mention is made of unions with Negro soldiers, either American or French colonials.

Schreiber opposes the movement in France for the requirement of a marriage certificate showing absence of tuberculosis or alcoholism, as well as of syphilis and dementia. He contends that as yet we know too little about eugenics to impose laws. In regard to the dangers of alcoholism, he prefers the more efficacious method of suppressing alcohol itself. "*La guerre, à ce point de vue, du moins, à eu une heureuse influence, puisque l'absinthe est encore interdite en France et que certains pays ont décréte l'interdiction absolute de la vente et de la consommation des spiritueux et des boissons alcoholisees de toute nature. L'expérience de l'Amerique séche, pour si rigoureuse qu'elle nous paraisse, est trés intéressante à suivre au point de vue des résultats eugeniques qu'elle peut donner.*" He feels that the present

knowledge of eugenics should furnish a line of prudent conduct for parents and candidates for marriage, but that we must not push things to an extreme, or in our desire to improve the race we will end by forbidding all procreation and eugenics will be transformed into Neo-Malthusianism, which would be very far from its original aim.

L'Eugenique Pratique, by Major Leonard Darwin, is a translation into the French of a paper that has no scientific significance, but is of interest because of its enunciation of the Darwinian theory of the development of a superior organism from a primitive type by a gradual process of *very slow changes.* The writer approves the English Mental Deficiency Act as an eugenic reform and gives the customary statement of the purposes of eugenics as prevention of the multiplication of the unfit of all kinds and increase of the birth rate among the better classes. In the interest of this latter aim, the author recommends a regulation of taxation, considering that at present taxation is an obstacle to marriage, affecting most those who are most thoughtful of the future and who regulate their conduct by reason. Every increase in taxes is a step toward the degeneration of the race, and there is great need of improving the condition of the fathers of families.

L. Cuénot, in *Genetique et Adaptation,* presents the most scholarly as well as the longest study in the collection. He pays tribute to American research in the field of genetics, considering that America holds the dominant place in this field. The variation among domestic animals as compared to the uniformity among their wild ancestors indicates, he thinks, that mutations within the germ cells have at least a distant relation to environmental changes. ''If the inheritance of acquired characters exists, however slight it be, we have the key to a number of enormous adaptations; if it does not exist, it is necessary to find other very different explanations.'' Distinct categories of acquired characters are (1) mutilations; (2) the effects of parasitic maladies; (3) the effects of great natural factors, such as light, temperature, humidity, saltiness, nourishment; (4) the effects of use and disuse; (5) acquisitions of training, of intellectual or sportive education. A demonstration of the non-inheritance of characters of any one of these categories must be understood as valid for that category only, and cannot legitimately be extended to other categories which form distinct problems.

There follows a temperate and balanced survey of the findings with regard to inheritance under these various categories. For the first, the response is definitely negative. For the fifth, that of the inheritance of training, certain authors claim an affirmative answer. Hachet-Souplet gives examples of cats who, having been trained to respect mice, have had kittens who also refused to catch mice.[1] Cuénot laughs at this and says he cannot believe that instincts are acquired habits that have become hereditary. In regard to the third category, if there is inheritance due to environmental adaptation, we can easily understand the development of different races; if not, the effects of the action of the environment must be produced anew in each individual, there are no cumulative modifications, and the influence of the surroundings on the body has no interest from the point of view of evolution.

Cuénot is skeptical of the researches of Kammerer on this third category, and holds that biologists have the right to refuse to believe in inheritance of characters of the third category (environment) and the second (immunity), but that the question is not yet decided. The question is almost one of faith and of nationality, the great majority of French zoölogists holding to the affirmative, following Giard, Perrier, Le Dantec, Houssay, and Delage, all more or less Lamarckians; the Americans, except certain paleontologists, turning rather toward the negative. The entire question has recently been opened by the research of Guyer and Smith on the transmission of induced eye defects, in which they find a transmission to the eighth generation of the defect induced through the placenta of the mother, with a definite tendency toward becoming worse. If these studies are correct, we return to the theory of chemical determinants (Delage) and to the belief of Weismann that the environment may affect, with parallel result, the formative elements of the body and the representative colloids in the germinal cells, and that there may be a cumulative effect of the same factor acting on successive generations. This inheritance of acquired characters constitutes in no way a denial of Mendelianism, and the Mendelians who have denied all such inheritance, even under the form of parallel induction, can no longer be so affirmative until studies of Guyer and Smith are verified or disproved.

Cuénot distinguishes between the adaptation of the individual, which is customarily functional, and that of the race, which is biological. In the second sense, any existing species is adapted to its environment, although particular individuals may not be; otherwise the species would have died out or emigrated. He follows De Vries in holding that the environment has no relation whatsoever to the origin of forms, but is simply the agent that chooses appropriate forms from among the possibilities. There is a general adaptation to the surroundings—the sufficient adaptation—which is usually taken for granted, as all theories of Darwin or of Lamarck and their followers begin with the animal in its determined setting, and these writers have made no attempt to explain this general adaptation, being concerned with the question of special adaptations. Cuénot holds that the fact of general adaptation is the important one, and cites the adaptation of certain fish to waters of variable saltiness, concluding that this capacity, so different from that possessed by many fresh-water fish, was possessed by these fish while they were living in fresh water, but that it was a chance characteristic, without utility, until called upon to play a decisive rôle on the occasion of the change of environment. It thus takes on the significance of a pre-adaptation. General adaptation is the equivalent of pre-adaptation, of which examples abound, such as those of aquatic animals with properties suitable for terrestrial life.

---

[1] *La Genèse des Instincts; Étude Experimentale.* Paris: Flammarion, 1912. p. 239.

Cuénot gives a number of aphorisms concerning adaptation. A sufficient adaptation is necessarily prior to installation in a given environment. There is no causal bond between the sufficient adaptation for an environment and the condition of this milieu. Necessity and the organ create the function. It is not food that influences the form of the teeth; it is they that determine the choice of food. It is not the use of cooked food that has brought the reduction in size of our teeth, but rather this regression that has imposed on us a food easy to masticate. It is not because the giraffe browses on the trees that it has a long neck; it is because it happened to have so long a neck that it could do nothing else but browse on the trees. The cave animals enter the caves because they find there conditions suitable to their structure and philogeny. They are there because their eyes have degenerated and they lost their pigment before they entered the caverns. The feathers of birds—triple adaptation to flight and to protection of the body against loss of heat and against wounds—must have appeared before or during the transformation of the forelegs into wings. Cuénot believes that some day we shall find a reptile-bird, prior to the *Archœopteryx,* which does not fly, but already has feathers. The habitats of plants are determined by the particularity of their structure and not vice versa.

Cuénot continues that if modern genetic doctrine appears well founded on Mendelianism, mutation, and pre-adaptation, there are still points that are difficult to explain by any of these theories, such as the reciprocal adjustments of independent parts, a curious mechanical perfection, of which the *Arthropodes,* among others, offer numerous examples. A number of these examples are cited. The genesis of them, Cuénot states, is one of the enigmas of biology. "What is striking is that these arrangements have often the air . . .

of having been conceived and executed by a workman—that is to say, the solutions devised by Nature for the problems of living beings are analogous to those which the human workman has found, by his own intelligence, when he has had to meet similar problems. . . . The solution of Nature does not differ from that of the worker except by its much greater perfection, its strength, its elegance, and its luxury of small details.'' It is difficult to imagine a chance mutation producing such results, as precise in structure as in function. To admit that an organ such as the eye comes from the play of natural forces acting on organic matter, without a directive agent, is to return to the finalism of Aristotle. There remains but one hypothesis, not satisfactory, but possible—that these coaptations are the result of evolution directed by utility, all the variations of which produced improvement over the primitive state, for all unfavorable ones determined the death of the individuals that showed them. This is to attribute a great value to selection, which the author holds is now being underestimated, and the importance of which is proved with an almost experimental precision by the cessation of its action in what Weismann has called *panmixia.* It is not impossible to admit that selection has an influence great enough to direct the evolution of small details, no matter how insignificant they are in appearance, and that it can play the rôle of the workman who gradually perfects his work. However, the thesis of the selectionists does not fully satisfy Cuénot. He has difficulty in believing that chance mutation can evolve an organ as complicated as an eye or the various coaptations.

Perhaps because of these uncertainties, he considers, we feel an obscure sentiment that there is something lacking in our conception of evolution and its efficient causes; right or wrong, chance mutations and selection, which are the only recognized agents of perfection, appear insufficient. The necessity of a new factor, internal or external to the organisms, regulative of mutations and capable of directing them toward an end, is felt when one studies complex organs, without one's meaning by that anything metaphysical, but simply ''*quelque loi générale, qui a échappé à nos prédécesseurs et qui reste à découvrir*''.

LORINE PRUETTE.

University of Utah.

THE AMERICAN JUDGE. By Andrew A. Bruce, LL.B. New York: The Macmillan Company, 1924. 211 p.

When Shakespeare had Dick the Butcher propose to Jack Cade and his ambitious fellow conspirators, ''The first thing we do, let's kill all the lawyers'', it is not clear whether the Bard of Avon expected judges to take judicial notice of his inclusion of members of the bench, as well as of the bar, in that "consummation devoutly to be wished". At any rate, judges particularly have come in for their goodly share of condemnation and contumely at the hands of the people. Professor Bruce's little book—one of the New Series of the Citizen's Library of Economics, Politics, and Sociology, edited by Professor Richard T. Ely—is a dignified presentation of the judge's case before the bar of American public opinion. As a former chief justice of the Supreme Court of North Dakota, and professor of law in Northwestern University, Professor Bruce's experience makes him peculiarly well qualified to interpret the judicial office and the judicial mind to the intelligent citizen. His presentation, though that of an advocate, is nevertheless characterized by that calm and dignity and desire to see both sides of controversial questions that traditionally are supposed to attach to judicial opinion.

This spirit of fair inquiry is manifest throughout his work. For example, in discussing the charges frequently made that the appellate courts have usurped, and improperly use, their power to declare statutes unconstitutional, he presents a convincing historical argument against these charges. Nevertheless, he frankly admits that "at times they [the courts] have imagined constitutional limitations where none have existed, and . . . to this extent they have been usurpers". He adds that "it was never intended, nor is it ever necessary, that on questions of fact and of necessity and where the legislatures, acting within their special domain, have fairly and clearly spoken, the court should oppose their ideas and their judgments to those of the popular assemblies. It was never intended that the courts should assume the right to invalidate statutes in which the legislatures limited the hours of labor in employment that they regarded as dangerous and unhealthy, because the courts might believe that those employments are not injurious. The members of the legislatures come fresh from the people. They can appoint committees and they can investigate . . . their opinions and judgments upon a question of fact and of expediency are as reliable as those of the more or less cloistered judges." (Pages 58, 59.) Again, in discussing the timely topic of five-to-four Supreme Court decisions, he admits the evil of such a practice, but points out that such divided opinions hardly ever live as precedents, being sooner or later modified, "distinguished", or overruled; that so far only about fifty acts of Congress have been declared unconstitutional during the history of our government, and that even such opinions may serve a useful purpose in giving the legislators and their constituents an opportunity for the "sober second thought" so necessary in an "impetuous, idealistic, and often reckless democracy". Nevertheless, he puts himself on record as favoring the exercise of the judicial function of declaring statutes unconstitutional "only in cases of comparative certainty and that that certainty should be in the minds of at least two-thirds of the sitting judges". (Page 48.)

At the risk of making this review unduly long, the reviewer will set out some of the more important points made by Professor Bruce, because he believes they are of such timely interest as to command the attention of all thoughtful citizens:

1. *The great power for good or evil possessed by the American judge, side by side with his political helplessness.* This puts him at the mercy of politicians. "Making the holder of the scales of justice a political football can hardly be promotive of judicial impartiality and of judicial equanimity." (Page 124.) In order to guard against the election of incompetent, but politically intrenched judges, to insure the maintaining of capable men on the bench, and at the same time to yield to the popular pressure for elective control of judges, a modified judicial "recall" plan, such as recommended in the Cleveland Survey for Criminal Justice, is suggested. In this way, a judge can run against his own past record, instead of having to compete with new candidates.

2. *The tremendous amount of work placed upon appellate judges to-day, as compared with the few decisions in the days of John Marshall.* "No matter how industrious and conscientious the average appellate judge may be, he perforce must give to his opinions less time and investigation and calm judgment than they deserve. Never can he do himself or the public full justice." (Page 6.) Since judges, by their power to interpret and declare unconstitutional the acts of assemblies, wield a tremendous weapon in the expression and formulation of political and social policies, the gravity of this fact will be readily appreciated.

3. *Recognition of the psychology of judicial opinion.* "The judge is, after all, only a human being, with preconceived and inherited ideas and impressions, and it is unavoidable that his own personal opinions and conceptions of public policy should be more or less reflected in his interpretations." (Page 24.)

4. *The need of a simplification and clarification of the law.* "If every one is presumed to know the law, then certainly the law, and especially constitutional law, should be more within the intellectual reach of the average citizen. . . . Seldom, indeed, can the conscientious lawyer tell his client positively that he will either win or lose his case, even where a jury trial is not involved. Often he admits that a lawsuit is, after all, something of a gamble, and adds, 'No one knows what the Supreme Court will do.' " (Page 67.)

5. *Blind adherence to precedent.* The doctrine of *stare decisis,* the fear of overruling prior decisions, is frequently carried to absurd extremes. It has not only paralyzed the courts, but caused them to resort to all sorts of fine-spun, frequently ridiculous distinctions between cases, instead of frankly acknowledging the true reasons for overruling of outworn decisions with the progress of scientific and social discoveries and needs. ''There is nothing which is sacred in any theory of law or of governmental policy which has outlived its usefulness or which was radically wrong at the beginning.'' (Page 70.)

6. *Incompetence and misdirected zeal of public prosecutors,* together with the fact, so startlingly brought out in the Cleveland Survey, that with few exceptions practitioners in the criminal courts are inexperienced and even disreputable. ''The curse of the American administration of the criminal law is our system of politics, our spoils system, the fact that the under-world has a vote as well as the upper-world, and above all the short tenure of office of all our public officials.'' (Pages 92, 93.) Of especial interest to readers of MENTAL HYGIENE is the following passage: ''The prison . . . seldom reforms, and punishment is at the most a social palliative and not a cure . . . a large number of our most serious offenders are repeaters, and there can be no question that many of these repeaters and many of those who have committed crimes of extreme cruelty and of violence have been practically insane. If insane, they should have been isolated and detached from the rest of the community before the harm was done. In every case of a second offense, the judge should inquire into the mental condition and the heredity of the defendant and often this should be done upon indications of lawlessness and before any overt act is committed. It is . . . far better to confine a madman before he has committed a murder than to hang him afterwards. . . . The tendency of to-day should be towards fewer criminal judges and fewer penitentiaries and more medical experts and farm colonies.'' (Pages 101-103.)

Many other important and interesting points, as they trench upon the judicial office, are made by Professor Bruce, but enough have been given to indicate that while the reader may not agree with some of his premises and conclusions, he must admit that here is a book that at least permits of a sensible *modus vivendi* between the forces of so-called ''radicalism'' and ''conservatism'', so far as the judicial office is concerned. Professor Bruce's philosophy is liberal enough for all except those who would uproot the law and the courts entirely, without much more information on the subject, or better reason, than that given by Jack Cade: ''Is not this a lamentable thing, that of the skin of an innocent lamb should be made parchment? that parchment, being scribbled o'er, should undo a man?'' Professor Bruce's philosophy may be summarized in these words: ''We must have a government of law and an evolution under the law, and not a government of temporary impulses and by the passions and prejudices of temporary majorities of excited and often ignorant men.'' (Page 199.) ''We must reform and we must progress, but we must not have anarchy. We must not destroy the whole edifice of government because the building is in need of repair.'' (Page 208.)

As a necessary part of the reformative program, Professor Bruce expresses the conviction: ''In this rapidly evolving age, when we are questioning the very foundations of government, we need lawyers and judges who have read something more than the law books; we need men who are trained in history and economics and sociology and who know something, not merely of the sciences and of the present-day statutes, but of the history of the race and of the struggles through which it has passed.'' (Page 150.) These passages reflect the spirit of this little book, which might well be read by every thoughtful citizen.

S. SHELDON GLUECK.

Boston, Massachusetts.

THE NEW DECALOGUE OF SCIENCE. By Albert Edward Wiggam. Indianapolis: Bobbs-Merrill Company, 1923. 288 p.

You may know a pseudo-scientific book by the following stigmata: First, the author never entertains any doubt about the final and eternal validity of his beliefs and conclusions. He never seems to know that the history of science is the history of all thought—viz., great and far-reaching generalizations are established, govern the thought of man for a time, and then recede into mere history. In a word, he is not self-critical, which is exactly the essential of the true scientist, who is sceptical of himself and who advances theories and working hypotheses with the explicit reservation that he is not advancing facts.

Second, the author never cites opposing theories to give them any respectful consideration. He quotes here and there from the texts of those who substantiate him, but never cites the texts of those who disagree. He cites only the ''positive instance''—*i.e.*, the facts and situations that fit in with his theories, not those that nullify it.

Third, the author usually is a propagandist, often obsessed with the idea of a mission. Your fanatic in anything rarely scruples to use half truths, for to him the end justifies the means. The scientist may and does have a social purpose, but he realizes that social purposes must have truth as a basis and he is essentially a propagandist for truth.

Fourth, the author has rarely a first-hand acquaintance with the subjects with which he deals. He belongs to the scissors-and-paste-pot fraternity. He is an artist dealing with mosaics, and the literary aim often overbalances any desire for clear exposition.

Fifth, and lastly, he usually has a bad memory—rarely does he remember on page "y" what he shouted on page "x".

The book under review, *The New Decalogue of Science*, dressed in a vivid orange overcoat, bears all these earmarks of pseudo-science. The author, who is a magazine writer and a popular lecturer, is imbued with the holy mission of reproaching into biological knowledge the legislator, so that the race may be saved from dire disaster. Mr. Wiggam entertains no doubts that the Weismann theory is infallible; that the Nordic race is the head and front of civilization, with the other races as rear parts and appendages; that the army psychological tests are infallible in measuring intelligence; that the statistics he mentions, but does not cite, are infallible; that natural selection weeds out the unfit from our human point of view; that medical science and social-amelioration measures in general are keeping alive morons, degenerating the race, and sending society to the bowwows. Apparently he does not know that eminent biologists do not swallow Weismannism whole, and that a very respectable body of evidence has been accumulated to show that the environment in the largest sense can be made to injure experimentally a stock so that it degenerates (see Stockard, Frankel, Guyer and Smith, Adami, Weller, and so forth). He has not heard that the greatest anthropologists scoff at Nordic theories and lay much stress on culture, tradition, and environment as accounting for many racial qualities, that mainly it is the non-anthropologist who is cocksure of Nordic and non-Nordic generalizations, and that the student of history who sees racial and political groups succeed each other on the stage of world history knows that every group, like every dog, will have its brief day. As for the psychological tests and what they prove, I will not take up space here since in a recent article in this journal[1] Hexter and I attacked with some fervor the type of argument that Wiggam cites. (Really, the psychologists need to be protected from their friends more than from their foes. Wiggam bemoans the *fact* that *morons are pushed through college by mistaken benevolence.* This betrays his entire ignorance of the meaning of moron.) That there are "good" statistics to be cited for opposing sides of every question Wiggam has not learned, and that the interpretation of statistics is exceedingly difficult he does not know. I advise him to read Holmes' *Trend of the Race* to learn that there are at least two statistical opinions about everything.

---

[1] *13.77 versus 12.05; a Study in Probable Error*, by Maurice B. Hexter and Abraham Myerson, M.D. MENTAL HYGIENE, Vol. 8, pp. 69-82, January, 1924.

(Statisticians mainly belong to the party out of power. They have such a propensity to "point with alarm". One group of statisticians concentrates on the falling birth rate and draws curves to show that very soon the population will rapidly vanish. Another group, studying the food situation, is quite convinced that the population is rapidly increasing beyond the food supply and soon starvation will stare the overpopulated world in the face. As I see it, statisticians are first-class pathologists—*i.e.*, they do good post-morten work—but as prophets, they are failures.)

I come to two matters that are really one and that alarm Wiggam very much—the interference with natural selection and the cacogenic work of doctors and sanitary engineers. Natural selection eliminates the unfit and doctors and engineers prevent this, and therefore are opposing eugenics and polluting the race—a bugaboo that is the favorite of armchair biologists and those who believe that hardness of heart goes with hard-headedness. Well, if a high infant mortality is the prerequisite for fine adults, why are not the Chinese perfect, since their infant mortality is frightful, and why are the slum people inferior (as Wiggam claims)? Why are not the Hindoos better than the Norwegians, the latter having a high social development and a low infant death rate? Is there anything to show that the aftermath of pestilence is a finer people, or that famine increases the vigor of the survivors? Did the late influenza epidemic select the feebleminded, the insane, the criminals, and the tuberculous? On the contrary, it picked the young men in the army camps, and the stalwart and robust yielded to it probably more than did the anæmic and tuberculous, certainly not less. Do malaria and yellow fever pick the highly developed or the lowly developed? Well, every one knows that Negroes resist these diseases far better than do whites. Has any one suspected that typhoid, smallpox, leprosy, and syphilis select the weaklings? Do physical strength and mental development immunize against infectious diseases, the enemies against whom medical and sanitary science are waging their most successful battle? Recent studies all show that it is the children of the successful and the prosperous (whom all of Wiggam's authorities chant in chorus are the "fit") who have less resistance to diphtheria than the slum children, who are the "unfit". Remove the vitamines from any child's diet and it suffers, whether moral or the reverse, brilliant or idiotic. Predisposition to any disease is a specific matter not particularly related to mentality, morality, or the like. True, cretins, mongolian idiots, and the like die early, but the main defect in these conditions is not mentality, but organic disorder, the lack of thyroid gland, or interference with other endocrine function. If two men fall from a roof and land on their heads, the one with the thickest skull will survive, but nothing has shown that thick skulls run parallel with fitness to survive. This kind of fitness, of value in warfare, has no great advantages to society as a whole. So with the specific resistances in general. The fact that an individual survives this or that type of disease or disaster proves nothing concerning his value to the community. Put Jack Dempsey and Marconi in a place where physical strength and agility mean survival, Jack Dempsey will be the superior creature, the fitter to survive. Natural selection does not have any human purposes. It does not seek to bring about the best individuals from any human point of view. In fact, it is rank anthropomorphism to say that it has any purposes at all.

True, medical science and sanitary engineering, together with all other social forces, do keep alive an occasional moron, epileptic, and insane person who might otherwise die, but at the same time they keep alive many an embryo genius, many a future saint, scholar, or scientist. Diseases kill, without regard to what human beings value as fit, and they hurt the survivors, lowering their vitality. It is possible, too, that they injure the germ plasm and so injure the race. No medical man and no sanitary engineer need scruple in the least to go about his job whole-heartedly and with the knowledge that he is doing work for the welfare of the race as well as for the welfare of the individual.

Curiously enough, when these problems of diseases reach home, the biologists become quick converts to medical science. I remember well one biologist, loud in his protest against the work of medical science in keeping alive the unfit, who in the course of time married and had a son. This son showed unbiological tendencies, would not nurse, could barely digest his food, fell a prey to one infectious disease after another, and required several operations. The biologist was quick to employ the best medical men he knew or heard of and the boy survived. Curiously enough, the boy is now a first-class, handsome, intelligent specimen of mankind, apparently fit to survive.

I might cite a dozen instances where Mr. Wiggam forgets on page ''y'' what he shouted on page ''x''. The most curious one is in his discussion of eugenics. He states quite positively that in a barbaric state, fools do not grow up, and it is only as we have dropped the jungle ethics, the ethics of claw and teeth, that we have degenerated. Apparently, then, eugenics should advocate a reversion to the law of claw and teeth, and indeed this is what is implicit and explicit all along until Wiggam comes to giving a definite program for eugenics, when he suddenly turns a somersault and states that eugenics is merely the golden rule applied to the germ plasm!

Obviously, the author of *The New Decalogue of Science* is merely putting into literary form, and with a rather sensational coloring, the teachings of many men who are ranked high as biologists and eugenists. Despite all they will say and do, social amelioration will go steadily forward. Medical science will continue to wipe out infectious diseases, sanitary engineering will continue to plan so that cities become healthful, social workers and social reformers will strive to see to it that poverty and the like are stripped of some, at least, of their soul- and body-crushing results. Naturally, all these ameliorative agencies must at the same time operate to segregate from society the definitely known pathological stocks, and they will adopt whatever program eugenics has to offer so far as it is based on a candid and impartial view of man as a social creature. If certain phases of the ameliorative program operate to injure the race, that must be known and acted upon. On the other hand, it must never become a part of science to disregard the play of sympathy and altruism as part of the true biology of the social creature—man.

Abraham Myerson.

Tufts Medical College, Boston.

Sex and Dreams. By William Stekel. Authorized translation by James S. Van Teslaar, M.D. Boston: Richard P. Badger, 1922. 322 p.

This book contains a wealth of interesting dream material, illustrating a wide variety of dreams, a distinct advantage from the point of view of a demonstration of the origin and mechanism of dream formation, and of the relationship between dreams and the problem of the neuroses. The author's preface, which contains an outline of the scope of the book, ends with the following too modest words: "I may point out additionally one fact: the interpretation of dreams is a science in the process of formation. Everything about it is in a state of flux, everything is in the process of being formulated. This book is but a rung in the ladder. Who can at this time measure the majestic heights eventually to be attained by the structure to which the present work is but a stepping stone?"

In connection with this quotation, the reviewer wishes to say that Stekel is for one thing too modest in stating that the whole science of dream interpretation is in a state of flux. Considering that over twenty years have passed since the appearance of the first edition of

Freud's *The Interpretation of Dreams,* and that an immense amount of careful work has been done since by Freud and others along the same line, this statement is not accurate. Some elements at least have been sufficiently established to show evidence of stability, not flux. Secondly, Stekel himself, in the book under review, handles the subject of the interpretation of dreams with a certainty and a definiteness—one may say at times with a rigidity and a fixity—that do not bear out the modest statement quoted from the preface.

The interpretation of ninety-eight dreams is given to illustrate the essential phenomena of dream life. Under the circumstances only the skeleton of the dream structure can be given, inasmuch as the book contains only a little more than three hundred small pages. The reader will do well to follow Stekel's advice to study the authorities whom he quotes in abundance for more detailed information regarding dream analysis.

A good account is given of the ubiquity of symbolism in language, folk lore, fairy tale, myth, and religion, and of the relation of the symbolism in these fields to the dream of the individual. To quote Stekel in this connection (page 46): ''The myth is a folk dream and contains, in a cryptic, symbolic language, the expression of the unconscious wish-excitations and fulfillment-hallucinations of the folk mind. . . . Just as the dream discloses the secret thoughts of the individual man, so the myths must disclose in unmistakable manner the ideals and wishes of the people.''

The various disguises made use of by the dream censor in its effort to fulfill the wish and yet maintain sleep are described and illustrated—such as symbolism, inversion, fusion, displacement, substitution. Dreams are especially rich in symbolism. The author demonstrates that symbolism exists also in profusion in the myth, in folk lore, fairy story, and so forth. One function of the dream—the maintaining of sleep—is not emphasized by the author. He does clearly portray, in general, that the dream serves as the means of expressing the repressed (unconscious) strivings of the individual, both normal and pathological, and that in the latter, the dream has a definite bearing on and relationship to his neurotic symptoms, in so far as these represent partially successful efforts to repress the unconscious strivings. The infantile source of the wish fulfilled in the dream is stressed, but perhaps not sufficiently.

The merit of the book lies rather in the abundance of dream material it contains than in the care and accuracy with which this material is handled. There is a looseness in the use of language, exemplified at times by positive, or even dogmatic statements, which is not wholesome in a book of this sort. On page 20, Stekel attempts to show that

Freud is one-sided in claiming that every dream expresses the fulfillment of a repressed (unconscious) wish. To quote: "Anxiety is always for him [Freud] the sign of a repressed wish. But knowing that the dream portrays the eternal warfare between craving and inhibition, the struggle with himself under his dual aspect as the heir of primordial instincts and as the representative of culture, we must look upon the dream as a picture of both sides of the combat, a dramatization in which the cravings as well as the inhibitions find pictorial representation, and in which even the foreign thoughts may crop out through telepathic (?) means. If one sees only the cravings, one may be easily led to the erroneous conception which I myself held for a time, that the dream is merely a wish-fulfillment. For back of every wish there always stands some craving: the sexual instinct, the nutritional instinct, the craving for power, for self-aggrandizement, etc. But if we investigate the inhibitions, we find back of them also the influences of culture—warnings, preparations for the future, foreshadowings, religiosity, and moral restrictions of every kind." In this connection the reviewer would say that a wish may be described as a word, pictorial, or other form of representation of an organic craving (sexual or nutritional), in a specified instance or form. For practical purposes, there is no need of any sharp distinction between a wish and a craving. To separate the two for the purposes of dream interpretation is splitting hairs. Warnings, foreshadowings, preparations for the future, and the like, are without doubt depicted in dreams. But to evaluate them, one must seek in the latent dream, and not in the manifest content. It is in this respect that Stekel errs in denying the general application of repressed wish-fulfillment to the dream.

There is another part of the above quotation to which the reviewer wishes to take exception—namely, Stekel's claim that for Freud anxiety (morbid) is always the sign of a repressed wish, a claim with which Stekel cannot agree. Let us first see what Freud himself has to say on the subject. In *A General Introduction to Psychoanalysis* (page 349) appears the following statement: "Fear (morbid anxiety) is the common currency for which *emotional impulses* can be exchanged, provided that the idea with which it is associated has been subjected to repression." In dreams, then, just as in symptoms, morbid anxiety may stand for any emotion, like hate, envy, jealousy, love, or any impulse the ideational content of which is repressed. Stekel contradicts himself. On page 21, he cannot accept Freud's claim that "anxiety is always the sign of a repressed wish", a statement, by the way, that does not give Freud's definition quite accurately; on page 89, Stekel states: "Fears and wishes are sisters.

There is no fear (anxiety) represented in dreams which was not once a wish.'' What gets Stekel into such inconsistencies and inaccuracies is a tendency he frequently shows to make sweeping, all-embracing statements. Another illustration of this occurs on page 148, in a statement to the effect that ''all dreams are bisexual''. While without a doubt some dreams do indicate bisexuality, yet a sweeping statement like the above does not apply.

Stekel criticizes Freud for making certain dream interpretations, despite the fact that the latter brought to his aid the free associations of his patient, and, it is to be surmised, was also well acquainted with unconscious material that the patient had produced in the course of the analysis, which had been going on for some time before the report of the dream to which Stekel takes exception. In the opinion of the reviewer, Stekel's interpretation is wholly fanciful and may well be such as he would give were he himself to have such a dream. The reviewer is not arguing for the correctness of Freud's interpretation; he wishes to say that it is in general not a safe procedure to interpret a dream from the manifest content. The dreamer must supply the key to the interpretation of his dream by means of his free associations; the analyst is aided in interpreting his patient's dreams thereby, and also by the knowledge he possesses of the patient's repressed material, gained in the course of the analysis. On more than one occasion the reviewer did not agree with the interpretations of dreams made by Stekel in the book under review, but no reference is made to this disagreement because the reviewer feels that Stekel possesses more knowledge of the patient in question than the reviewer could obtain from the necessarily small amount of material contained in the dream and the associations given in the book. In the opinion of the reviewer, Stekel appears too often to interpret dreams without sufficient associations given to the dream elements by the patient.

In conclusion, the reviewer wishes to say he is in agreement with Stekel in the latter's confirmation of the preponderance of the repressed sexual wishes fulfilled in dreams, and that the reader will do well, before passing final judgment upon the interpretations given in the book, to submit his own or the dreams of others to the same rules of free association followed in the book under review.

ADOLPH STERN.

New York City.

PSYCHOLOGY AND MORALS. By J. A. Hadfield, M.B. New York: Robert M. McBride and Company, 1923. 186 p.

This book, we are told by the publisher, is ''an invasion of the 'New Psychology' into the sphere of Ethics''. ''There is'', the author believes, "a class of disorders of conduct, alcoholism, irritability, bad temper, cynicism, aggressiveness, despondency, and certain sexual perversions, which are beyond the control of the will and for which we cannot, therefore, be held morally responsible. They are of the same nature and origin as functional nervous diseases, being derived from repressed complexes, and should therefore be treated as sicknesses." "They are to be distinguished from 'sins', which result from a deliberate, conscious choice of the self and depend upon the acceptance of a low ideal."

The cause of "moral diseases" is to be found in certain complexes and dispositions that have been excluded from the "organized self", and this being so, the task of psychotherapy is to discover some way of liberating them and uniting them to the self by some common purpose. As the cure of the disease is in bringing these dispositions into harmony with the self, so the prevention of it would be in keeping them from becoming split off from the self in the first place. The secret of mental health is "Know thyself, accept thyself, be thyself", by which last the author does not mean to imply that a man should give himself up to the forces of what he is accustomed to regard as his lower nature, but rather that he should so direct them that they will prove of value to him instead of harm.

Although this author follows Freud in assuming that "every neurosis is unconsciously desired", he is nevertheless far from being an orthodox psychoanalyst. He does not, for example, accept Freud's conception of sexuality. Instead, he has adopted in the main McDougall's classification of the instincts.

Also, in his psychoanalytic technique, he does not make use of dream analysis. His case against dream analysis is very well put and is of sufficient interest to be worth quoting at length. He says:

"Probably all psychologists are agreed that dreams have some interpretation besides that of a heavy supper: indeed, to think otherwise would be a denial of the law of causation, for there would be manifested in the effect something which does not exist in the cause—the supper and its physiological consequences. There must be a right interpretation of dreams; but the language of dreams is symbolic and the trouble about the interpretation of anything symbolic is that it is so easy for every one to give it an interpretation in accordance with his own preconceived theory. The result is that at the present time you may take a dream to half a dozen analysts and receive six different and often contradictory interpretations—to one the symbols are sexual, to another they are images of the primitive unconscious, to another they are compensatory, to one they are teleological, to another they are reminiscent, whilst to another they serve the function of preparing for life. As long as this is the case, the method cannot be regarded as scientifically sound. I am quite aware that each authority claims to interpret the dream solely from the associations given by the patient. But in the first place, the *interpretation* is something more than the association given. As you may give half a dozen matches to several men and each will make an entirely different pattern, so the interpretation of your dream depends less on the association given than on the meaning which the analyst provides. In the second place, the associations themselves are usually suggested, perhaps unconsciously, by the analyst, from whom the patient gets to know what is expected of him. If I go to a Freudian, I cannot but be influenced by what I know is expected of me. Sex symbols would undoubtedly be the first to suggest themselves to my mind. If to a Jungian, my associations would be mythical and primordial images. It is no wonder that the adherents of each school are firmly convinced of the truth of their own interpretation, for in the nature of things they receive the association they expect. When I myself, as analyst, changed my theory of dream interpretation, I found that my patients followed suit with their associations.

''The absurdity grows still greater when the analyst carries about in his mind a little pocketbook of symbols with the meaning in the opposite column. In these days one has only to be armed with a tabloid equipment of this kind to call oneself a psychologist, and to feel extraordinarily wise when a lady at a dinner party says that she dreamed of poking the fire.''

Dr. Hadfield is apparently one of the steadily increasing number of men who, having become interested in the problems of abnormal psychology through psychoanalysis, are now seeking a firmer foundation on which to build, and more trustworthy tools to work with than those which psychoanalysis provides. His book, written in clear, simple English, is evidently the expression of an honest effort to grapple with the problems of mental disease that are here discussed, and should prove of interest even to those who differ widely from him in their views. MILTON A. HARRINGTON.

New York City.

SYPHILIS OF THE INNOCENT. By Harry C. Solomon, M.D., and Maida Herman Solomon. Washington: Interdepartmental Social Hygiene Board, 1922. 239 p.

Syphilis of the Innocent is ''a study of the social effects of syphilis on the family and the community''. Its five chapters are entitled respectively *The Individual, The Mate, The Child, The Family,* and *The Community.*

The first discusses the general course of the disease in an individual and a few of the main facts concerning its diagnosis; the second takes up the method and frequency of transmission of syphilis to the mate and some of the effects of the disease in the mate; and the third the method of transmission of syphilis to the child, the incidence of syphilis in children, the effects of the disease upon children, and its diagnosis, treatment, and prognosis in children. The fourth chapter gives many statistical data concerning the effect of syphilis on the family, and emphasizes the importance of considering syphilis as a familial disease. Syphilis and marriage are further discussed from the medical, social, and legal viewpoints. The chapter on the community deals with the contagiousness of syphilis and its transmission by other than sexual means. Other community problems also are discussed.

The book as a whole is an excellent discussion of syphilis and particularly of its social effects. Many of the statements are based upon original observations of the authors. Connecting and corroborating data are compiled from numerous sources, and the whole is completed by facts of common medical knowledge. Apparently the book was written for non-medical readers, though the medical part of the story of syphilis suffers not at all by this fact. Most of the opinions expressed conform to the best opinion of those working in the field. The illustrative cases interspersed throughout the book should be quite helpful in making clear the various points discussed.

The sections that deal with the symptoms and diagnosis of syphilis are somewhat sketchy, but this is as it should be in a book of this type. The effects in the individual are considered chiefly as they affect the relations of the individual to the family and to the community. Aside from an increased infant mortality, the seriousness of syphilis in the child is dependent chiefly upon involvement of the nervous system and the effects of such involvement. This phase of the disease is more fully discussed.

The placing of a too detailed account of the clinical picture of syphilis in the hands of laymen is not without disadvantages. The authors of the book under review are conscious of this, as the following passage shows: "The layman who knows a few of the common stigmata of syphilis is only too apt to confuse them with similar non-syphilitic difficulties. All skin lesions are not syphilitic. Most youths with rashes on their faces are not suffering from syphilis, but from acne. . . . Many people think rachitic children or those with decayed teeth are syphilitic. It is an injustice for a layman to make a diagnosis on such evidence."

A discussion of the type represented by this book necessitates considerable statistical presentation. The difficulties of handling statistics on syphilis are great. There is always a danger that facts found in the particular group studied may be applied to groups in which they are inapplicable. These difficulties are appreciated by the authors, who have been quite critical. Though the reviewer is inclined to disagree with a few of their deductions, the points of difference are of no great significance and do not alter the general impression conveyed.

Probably no one could write a concise account of syphilis without making some statements that would be open to criticism. Our knowledge of all the various phases of this disease is as yet inexact, and the gaps are too likely to be filled in by conjecture. A critical reading of the present book discloses very few statements to which such exception could be taken. The reviewer, however, would question one omission of some social importance: the possibility that the spirochete of syphilis may be transmitted from husband to wife by way of the semen is not mentioned. The authors' view seems to be that an open lesion is necessary for transmission. There exists a fair amount of evidence that seminal transmission is possible, and it seems probable that it is of rather frequent occurrence. The fact that a man may thus transmit the disease when clinically he seems to be in an entirely latent state would seem of more than academic interest.

While general agreement exists as to the major facts in the transmission of syphilis from the mother to the fetus, some confusion in terminology also exists. In discussing ''inherited'' and ''congenital'' syphilis, the authors restrict the use of the term ''inherited'' to those cases that show degenerative changes as a result of the effect of parental infection on the germ plasm, but that are not actually infected. When the child is infected, the authors object to the term ''inherited'' or ''hereditary'' syphilis because it implies too much. They prefer the term ''congenital''. Granting that syphilis in the parent may be a cause of stigmata in the child when the child is not itself infected, the condition in the child is not syphilis and should not be so designated. When the child is infected, the term congenital does not imply that the parent is the source of the infection. We speak of property as inherited without reference to Mendelian characteristics; why not of syphilis? If one cannot bring oneself to use the term ''hereditary'', the term ''second-generation syphilis'' is surely to be preferred to ''congenital''.

The book should serve a very useful purpose, particularly in the hands of non-medical people who wish to acquaint themselves with the social aspects of syphilis.

P. C. Jeans.

Washington University School of Medicine.

An Introduction to the Psychological Problems of Industry. By Frank Watts. New York: The Macmillan Company, 1921. 240 p.

Here we have a book that is full of the stuff of science and human understanding. In contrast with the many half-baked, superficial best sellers on practical psychology, the author has given us a solid piece of work, in which the results of experiments tried in industry are described with scientific exactitude in a style that makes them readily understandable by one who may not be at all familiar with psychological literature. The reader is made to feel that there is something real and significant in the growing science of industrial psychology, and is given an idea of the rôle that it is destined to play in helping to straighten out the present maladjustments in the industrial world. But the author does not make great claims; he warns us to "remember that we have hardly yet entered the epoch of experiment" in psychology.

In the first chapter, the author presents the "psychological point of view". A short quotation will show what this point of view is in regard to industrial problems. "It is not his [the psychologist's] business as a scientist to take sides either with the employer against the workman or with the workman against the employer. But bad workmen, bad employers, and bad methods will interest him as much as good workmen, good employers, and good methods. In considering the relation to human efficiency of monotony and variety of occupation, of the speed and noise of machinery, of piece work, day work, and overtime, of fatigue and rest, of irritation or good will, or of the other manifold factors affecting the worker which demand his attention, his *aim*, then, must be *scientific:* to collect the facts, to arrange them, and to attempt to explain them."

The author then proceeds to study "the direct effects of labor on the worker viewed as an individual apart from his social setting".

The first problem which he attacks is that of industrial fatigue and inefficiency. He reviews the work of others in this field and gathers together the results of experiments on fatigue that have been tried out in laboratories and in industry. The work of F. W. Taylor in introducing the "rest-pause" system is cited, with its spectacular result of increasing the loading of pig iron from a maximum of twelve and one-half tons a day to forty-seven tons without increasing fatigue; also the fact that decreasing the work day from fifty-eight to forty-one hours a week in a certain British factory during the war brought about an increased production of 22 per cent. The effects of temperature, noise, and other conditions affecting efficiency are discussed and illustrated by citations of experimental results.

Mental fatigue, too, is discussed as an important factor in decreased efficiency. The author anticipates the arguments of those who would claim that there is no such thing, and is explicit in his description of what he means by "mental fatigue"—it is a defect in the *will* to *initiate* work. This does not mean that the organism is incapable of further work, but the creative desire is gone. The stimulation of the worker's interest in the job is the really big problem now for industry. Systems of profit sharing and bonus have been tried in order to elicit the kind of interest that the craftman used to give to his work, but so far the results have not been satisfactory. Much has been done in the way of educating the worker to take precautions and avoid accident, but there are still a large number of accidents that can be traced to lack of interest on the part of the workman, and no amount of startling pictures of accidents will eliminate this fertile source.

Having discussed the effect of fatigue, the author next proceeds to summarize some of the methods that have been worked out for eliminating fatigue. He describes in detail Gilbreth's motion study. This has of course been described elsewhere, but Mr. Watts goes on to analyze the effect of motion study on the worker, an aspect that has frequently been overlooked. It is indeed very simple to find the quickest and easiest way to do a job with the fewest possible movements, but the human element cannot so easily be adjusted to the new method. "It would seem", Watts says, "that unless the physical and mental structure of individuals were exactly the same in all respects, each standard must be relative, and therefore subject to deviations and modifications to suit the peculiarities of the worker who uses them. . . . It has been said that motion study is no affair of the psychologist. But to teach motion study without any attempt to discover how the thing feels to the worker 'from the inside' is to court failure."

Another cause for industrial inefficiency is the fact that there has been no real science of finding the proper man for the job or the proper job for the man. Only within the last few years has the study of vocational selection taken on objective methods and attempted to analyze on the one hand individual aptitudes and ways of discovering them and, on the other hand, the specific requisites of various jobs. The author discusses instincts and instinctive types, protecting himself by the sentence, "Let the whole of this section be regarded as highly speculative, as indeed it is." But however speculative his list of instincts and grouping together of occupations according to instinctive types may be, his general conclusions are sound. "It would seem, then," he says, "that the first thing to be done in choosing workers for particular pursuits is to determine whether their instinctive type is the right one for the task. It would be folly to place the man with strong gregarious tendencies in a lighthouse or advise him to go farming in a new colony; just as it would be folly to advise a girl with a strong motherly instinct to give up her life to mathematics, or the roving type of man to settle down into a very remote country village.''

The level of intelligence is also important in vocational selection. Here, again, we are still in the experimental stage. The author discusses the construction of tests and briefly summarizes the methods of standardization. He concludes this part of the discussion with the statement: ''We believe experience will point to the advisability of each industry developing its own types of intelligence test.'' It is interesting to note in this connection that at the recent meeting of the American Psychological Association, the advisability of adapting intelligence tests to the particular industry in which they were to be used, utilizing material to be met with in that industry, was strongly urged.

Chapter V is devoted to the subject of scientific management and labor. Up to the present time, the author believes, scientific management has been ''neither sound science nor good management''. He discusses at some length the Taylor system, showing its original aims and later developments and pointing out its fallacies and dangers. The great mistake of so-called scientific management has been to take away the possibility of initiative on the part of the worker. Taylor believed that all the brains should be concentrated in the offices. There the exact methods for doing each job should be thought out, the routing planned, and all the worker needs to do is to follow directions.

The effect of work that involves constant repetition and the divorce of interest from the job as such have had great influence in creating industrial unrest. The thwarting of fundamental instincts of self-expression, workmanship, and construction result in the antagonism of labor. The importance of instinctive tendencies and their direct action in creating certain attitudes of mind have been overlooked. ''This judgment will perhaps appear harsh, but it may well be that the continuance of our civilization in the days of difficulty before us will depend upon a subtle acquaintance with and intimate understanding of the moods and resentments and aspirations of labor, all of which are instinctively rather than rationally determined, and, when destructive in their tendencies, upon a masterly and sagacious anticipation by management of their more impulsive forms of expression.''

In the last part of the book the author has cleverly worked in many of the current psychological principles in explaining the reactions of labor. He analyzes the labor union, showing why it takes the attitude it does toward big business. He examines also various of the proposed panaceas for industrial unrest, analyzes the psychological factors involved, and shows why they are inadequate—state socialism, profit sharing, and others. But he does not leave one with a pessimistic outlook. Of all the schemes so far proposed for the alleviation of labor troubles, he selects two as most nearly meeting the demands of human nature and offering expression for the strong instinctive drives. These two are guild socialism and the Whitley Council plan. In both of these systems, labor has an intimate relationship with and some control of its own production, so that interest and sense of responsibility are stimulated. Desires for independence, self-expression, and power all have a chance to assert themselves in a co-partnership with the state in the management of the industry and the control of hours, wages, and the like. The reinstating of the system of apprenticeship, of the opportunity for promotion and for pride in the attainment of skill, will take care of some of the instincts that are thwarted under the present system.

He closes in this optimistic vein: "The present vibrates with hope. Almost daily we hear of the new spirit in industry, not yet fully incarnate, it is true, yet vigorously alive, nevertheless. . . . To insure the consummation of our ideal hope, the scientific management about which we have heard so much in the last decade must be made scientific in the fullest sense, so that it will embrace a sound knowledge, not only of the machinery of production and distribution, but also of the best methods of organizing beneficently the natural impulses and energies of the workers, and of the most effective means, too, of stimulating and withal satisfying the deepest needs of us all."

The value of this book lies not in its originality—there is nothing really new in it—but in the fact that the author has gathered facts together from many sources and presented them in an interesting and convincing way. It is a book that should be of great interest to economists and political scientists, and could be read with profit by any one interested in our present-day social and economic problems.

SADIE MYERS SHELLOW.

Smith College School for Social Work.

CHRISTIANITY AND SOCIAL SCIENCE. By Charles A. Ellwood. New York: The Macmillan Company, 1923. 220 p.

Christianity and Social Science is composed of lectures recently delivered at the Yale Divinity School. It forms a sequel to Professor Ellwood's *The Reconstruction of Religion* and is for the most part an elaboration or development of certain ideas contained in the earlier book. The sympathetic reader will find it both interesting and stimulating.

The general thesis of the book appears in the following statement: ''Religion must enlist the scientific spirit and employ scientifically tested knowledge of human life if it is successfully to accomplish its work.'' Science is the effort to understand. It is the devotion to truth. Religion is devotion to the higher values of life. Since religion attempts to create a better human world, it must seek the aid of the social sciences, for the forces that shape human life are mainly social in nature. Mere science is not enough to reform the world, for man is emotional as well as knowing. Science has discovered no substitute for religion as a motive for social idealism. Human nature is largely a social product; human institutions are plastic. Social science reinforces ethical religion in that it inspires confidence in the possibility of reconstructing human nature and human social life. Stress must be placed upon coöperation. Exploitation, the chief cause of social ills, must be eradicated. The desire to contribute must replace the craving for possession. This change can be brought about by a universal, inclusive love. The final work of educating the emotions so that they shall support social idealism must be the work of religion. More heroic leadership is needed in the church. Unless the spirit of martyrdom shown by the early church can be revived, the church cannot capture the moral imagination of mankind.

One who is in sympathy with Professor Ellwood's effort to lead religious thinking to make better use of social science is likely, nevertheless, to feel the force of obstacles that endanger the author's program. There are, for example, various conceptions of religion even in our modern world. They all have in common an appeal to the emotional nature of man. They do not all, however, stress social idealism. Some are born of man's desire to escape the practical tests of ethical conduct and are therefore primarily a refuge from life. Such a religion can contribute little to social welfare. It may, however, grip the emotions and enlist them in maintaining values that captivate the imagination, even if sterile from a social viewpoint. It is clear, therefore, that only a certain type of religion can be expected to advance the socializing process.

Religion, if it is to join forces with science in practical social service, must first of all have an understanding, sympathetic attitude toward all science. It cannot safely attempt merely to use the material of one division of science. The scientific spirit is one. Results that show in human conduct in the social realm may be traced to an origin in some other field of science. The need of modern religion is not primarily to learn how to use the resources of the social sciences. Its real task is to arrive at the right attitude toward all science. Unless it is willing to trust science in general it cannot whole-heartedly, without reservations, attempt to employ in its practical work the spirit and material of the social sciences. In other words, it cannot be at all scientific in spirit unless it looks upon all science as its ally.

Suppose religion were at present willing to commit itself to the teaching of sociology. How much would it gain? Religion already has a statement of a social goal that cannot be improved upon in the kind of life that Jesus lived. Sociology cannot add much unless it can give specific, scientific insight into the process of social control that will move man toward that better kind of life. Unfortunately for sociology, information that has been drawn from human experience and that can be made to minister to concrete problems of human behavior is largely lacking in the science and in its place are generalized, subjective dogmas of little value in dealing with the practical tasks of social adjustment.

What the churches need is some understanding of the science of conduct and an appreciation of its ethical and social usefulness. The Emmanuel movement is an impressive illustration of the fruitfulness of an alliance of religion and a working knowledge of human behavior. Mental hygiene—it is unfortunate in having a designation that hides its wider interest—has made a beginning in the science of conduct and can furnish to religion and to sociology what they both need if they are to assume, in accordance with their opportunity, the wholesome guidance of human nature now so severely menaced by a lack of understanding of the mechanisms of its own conduct. Until sociology makes greater use of this material in its interpretation of group life, it has little to offer religion that will help in the problem of socializing man.

ERNEST R. GROVES.

Boston University.

ANGER: ITS RELIGIOUS AND MORAL SIGNIFICANCE. By George Malcolm Stratton. New York: The Macmillan Company, 1923. 277 p.

The last half-century has witnessed an increasing interest in the study of emotions, and this has led to an amazing collection of facts and speculations concerning them and to a salutary realization that we are but little past the threshold of the problem. Professor Stratton sketches rapidly the work of Darwin, James, Cannon, and the psychopathologists, and then presents a consideration of a particular emotion, anger. Such a work is well worth while, especially when, as in the case of this author, who is professor of psychology in the University of California, a perspective on other emotions and other factors is not lost.

Anger is regarded as a higher biological development and ''as something added to struggle''. After discussing the utility of anger without and within the state and the family, the author turns to the individual and finds in self-anger an explanation for that mental dissociation called conscience. Love, normally, ranges away from the individual, while ''anger against others is the schoolmaster that brings us to anger against ourselves, only to lead us back with a more sensitive indignation again outward''. (Page 55.) Love and self-interest are primary and may be of themselves creative; anger is supporting and is non-specific in origin.

Professor Stratton believes that religion offers the greatest help in dealing with an agent with such potentialities for good or evil as anger. There has been no uniformity in the way in which the great religions have faced the anger dilemma. The author has grouped them on this point as follows: ''the irate and martial religions: Judaism, Zoroastrianism, Islam''; ''the unangry religions: Taoism, Vishnuism, Buddhism, Jainism''; ''the religions of anger-supported love: Confucianism, Christianity''. ''The Jew, the Arab, the Persian saw a God whose heart is for contention, driving his true subjects to wrath and fierce strife. In the group of faiths farther to the East—Taoism, Vishnuism, Jainism, Buddhism—such a thought is far away; instead of anger and conflict, they study tranquillity undisturbed by hatred or by love. Finally, in a strange meeting of extremes, the great religions that have prevailed in China and in Europe, together with America, agree against both these attitudes; they favor both anger and good will, the one as servant, the other as the master passion directed to all men and flowing eternally to and from God.'' (Pages 134, 135.)

In religion is seen ''the extension of society's bounds to include those who are not the readily visible and normal members of a human association, friendly and hostile, and . . . the continuation and specialized development, toward the beings in this farther realm, of the responses inner and outer which are at home in the visible association of men''. (Page 192.) The origin of religion is thus not to be found in a ''special religious faculty'', but ''in the innate and acquired inner attitude and expressed action of men toward members of their normal society''. (Page 197.) All the mental activities must be considered, and of greatest, but not of exclusive significance, are the emotions. Among these last, anger plays an important part; also its projection may be a source of fear of the god. Its rôle, however, must be rather limited; this is further emphasized by its transience when contrasted with its chief competitors for place in religion—love and fear. To a related emotion, jealousy, which may be characterized by a large component of anger, is ascribed in part the development of monotheism, particularly among the Jews.

The concluding part of the book deals with the more practical aspects—the abuses and uses—of anger, and Professor Stratton becomes prophet and guide. He offers fifteen rules in this connection and, while not forgetting the personal nature of anger, points out greed, commercialism, and war as targets for attack.

Despite the impression of a courteously conducted tour, the author usually remains on an impersonal level, and when he does descend, he takes one gently by the ear rather than by the hand. He has more in common with Lecky than with Montaigne. There is a tendency to stateliness of style that is amply atoned for by a *flair* for neat phraseology. The book has been developed from a series of lectures on the subject delivered at the Yale Divinity School, but it lends itself to the lay reader as well. Professor Stratton writes with wide learning and has many wise things to say. His chapter summaries are admirable.

ROSCOE W. HALL.

St. Elizabeths Hospital.

THE CONQUEST OF NERVES. By J. W. Courtney, M.D. New York: The Macmillan Company, 1923. 209 p.

This book was originally printed in 1911 and has been reprinted many times. There have been no alterations in the text.

It is a small book, written for the layman, and is simple and unpretentious.

The first eighty-three pages are devoted largely to discussions of Christian Science, the Emmanuel Movement, New Thought, and charlatanry, the latter including nostrums, osteopathy, and spiritualistic healing.

The next seventy-three pages deal with causes, bodily symptoms, and the mental and emotional aspects of functional nervous disorder. There remain only forty-seven pages to be devoted to the actual "conquest of nerves", of which twenty-two are devoted to physical treatment and twenty-five to psychotherapy.

The reason assigned by the author for the disproportionately long discussions of Christian Science *et al.* is to demonstrate the "star rôle played by self in all cures attributed to such methods". Incidentally, the methods themselves are subjected to considerable adverse criticism and ridicule.

Under etiology, the author touches upon heredity; environment; early training; disturbances in the sexual sphere, including masturbation; dietetic and hygienic indiscretions; ennui and worry. In his discussion of bodily and mental symptoms he gives a vivid account of the procession of symptoms that fill the psychoneurotic patient with dread and anxiety, due to his lack of understanding of their cause and meaning, and drive him to seek vainly for help from physician after physician until he is filled with distrust and firmly believes that he is succumbing to some strange, insidious malady which no one understands. The picture is purposely overdrawn in order to include, if possible, every important symptom of every psychoneurotic reader. The author's advice as to physical treatment consists of simple, but sound and important recommendations relating to diet, hygiene, exercise, and sleep.

The chapter on psychotherapy emphasizes the importance of the elimination of fear by a true valuation of the importance of symptoms; commends religious faith as an excellent adjuvant; adds to the armamentarium occupational therapy, hobbies, well-selected reading, lively interest in dress and personal appearance, and indulgence in normal social activity; and gives in some detail advice intended to aid the sufferer in securing longed-for sleep.

The book is in no way objectional and may be safely recommended to the psychoneurotic. While it falls far short of its title, and while the author is sometimes too dogmatic in his statements, its recommendations are entirely compatible with those of the conscientious physician, and although it was not written for or intended for him, the average general practitioner will find much food for thought between its small covers. The successive waves of Christian Science, osteopathy, and the numerous other cults that have swept over the country have owed their being largely to their successes with psychoneurotics, and to lack of full understanding in regard to functional nervous disorders on the part of the family physician.

Elmer V. Eyman.

Pennsylvania Hospital.

A Bibliography of Eugenics. By Samuel J. Holmes, Ph.D. (University of California Publications in Zoology, Vol. 25.) Berkeley: University of California Press, 1924. 514 p.

The list of references collected by Dr. Holmes in the preparation of his book *The Trend of the Race* formed the nucleus of this bibliography. Dr. Holmes was impelled to the arduous labor of preparing it for publication, he states in his introduction, by his sense of the need for such compilations of material in this particular field. The literature on the subject of human biological evolution is scattered through a vast number of books and magazines in various languages and on a great variety of topics; many facts have been recorded, but little has been done in the way of correlating them, and their significance in relation to the subject as a whole has been largely unappreciated even by their recorders. The organization and classification of this nebulous body of knowledge represents a step in the direction of placing the study of human evolution upon a more scientific basis. As a contribution to that end, even ''the peasant labor of the bibliographer'', as Dr. Holmes modestly puts it, is of value.

Dr. Holmes has divided his material into thirty-one main sections, each prefaced by a few explanatory remarks, with references to other bibliographies in the same field. There is a short list of books on heredity and evolution and a long one of publications of a general character on eugenics. These are followed by sections on genealogy; the problem of degeneracy; the alleged increase of insanity; notorious families; the heredity of human traits; the heredity of human defect (including subsections on the inheritance of feeblemindedness, epilepsy, insanity, deafness, and the hereditary factor in tuberculosis); alcohol and lead poisoning in relation to heredity; the racial influence of venereal disease; the hereditary factor in crime; the hereditary factor in delinquency, prostitution, pauperism, and vagrancy; the inheritance of mental ability; the alleged relation of genius to insanity and other abnormalities; race; the birth rate; Neo-Mathusianism—birth control; natural selection in man; the selective effect of infant mortality; the selective influence of war; sexual selection in man; urban selection and the influence of industrial development on racial heredity; the racial influence of religion; immigration and emigration as related to racial changes; consanguinity; race mixture and the intermarriage of different stocks; the determination of sex; the sex ratio; the influence of the age of parents on offspring; the influence of order of birth in offspring; and negative eugenics (sterilization, segregation, and so forth).

Dr. Holmes forestalls criticism by frankly admitting that it would be impossible for a single individual to make a bibliography of such scope entirely complete or to pass judgment upon all the material listed, so that doubtless many contributions of value were omitted and some others of no particular significance included. He will probably be questioned on the latter score rather than on the former; one feels that the list would have been improved by the exclusion of such books as Alexander's *Man's Supreme Inheritance,* for example. But whatever disagreement there may be with Mr. Holmes' selection on minor points, there can be no question that he has performed a real service to students of eugenics in bringing together and classifying this great mass of references to material on so many different phases of the subject.

MARGARET H. WAGENHALS.

The National Committee for Mental Hygiene.

A Course in Personnel Administration. By Ordway Tead. New York: Columbia University Press, 1923. 257 p.

In this book, which was originally prepared as a guide for a home-study course in personnel administration offered by Columbia University, Tead has placed on the market a useful syllabus based upon his own and Professor Metcalf's excellent work, *Personnel Administration,* supplemented by additional remarks by the author and a well-selected list of reference readings.

Readings for almost every lesson are prescribed for the student in the following books: *Personnel Administration,* by Tead and Metcalf; *Employment Management,* by Daniel Bloomfield; *Industrial Government,* by J. R. Commons, and the appendix to the present volume, in which are found about one hundred pages of selected readings reproduced from less accessible sources. Optional readings for each lesson are distributed throughout seventy references. The forty lessons deal with a wide variety of problems, such as the following: psychological background, forms and records, staff and equipment, sources of labor supply, selection tests, safety programs, fatigue, job analysis, labor turnover, training, transfer and promotion, arousing interest, working hours, wages, profit sharing, shop committees, and collective bargaining. Each lesson is accompanied by a page or more of remarks by the author, amplifying the subject readings, and by a list of questions for papers and discussion. More complete discussion is offered upon a number of important phases of the subject not treated elsewhere.

The point of view of the writer is immensely broad and practical. He considers that personnel administration is not alone a problem of industry. Its underlying principles can and should be applied in city school administrations and state insane hospitals, no less than in banks, insurance companies, mines, schools, stores, and factories. The course, however, deals primarily with the industrial application. To win loyalty to "industrial enterprise" is offered as the function of personnel administration. But in promoting this purpose, executives must realize that on basic problems, such as the length of the working week, wage rates, and the like, the possibility of a complete identification of interest between management and labor is remote. The personnel executive cannot remove the conflict of interests that exists between the company as buyer and the employee as seller. What can be attained, however, is more or less agreement on the part of all concerned upon the common working purpose of a given corporation, and in the light of this common purpose, adjustment of interests is greatly facilitated.

The personnel point of view is characterized as "the liberal, scientific, humane, dynamic point of view''. Personnel administration is defined as ''the planning, supervision, direction, and coördination of those activities of an organization which contribute directly to assuring the functioning of that organization with the minimum of human effort and friction, with an animating spirit of coöperation, and with proper regard for the genuine well-being of all members of the organization''. (Page 7.) Under this definition the personnel department is made a staff department of the management, charged with the administering of the work falling in its field. ''The testimony of many firms is to-day available that personnel work pays when it is intelligently adapted to the needs of the individual concern.''

The character of the syllabus makes it a valuable outline for a practical course in personnel administration. The drawback to its use for academic purposes is its cost ($3.00), which, added to that of the three texts, makes a prohibitive tax upon the student. Used as an instructor's outline, the book will be found an inestimable labor-saving device.

As the earlier work of the author and his associate was limited from the psychological and experimental approach, this course also appears limited. But there is little doubt in the reviewer's mind that this syllabus contains the most comprehensive statement of generalized information available, and that it outlines a course in personnel administration suited to the personnel worker in most positions. It has, however, its limitations for the student of personnel problems, particularly the research man, and significantly in the field of selection.

DOUGLAS FRYER.

University of Utah.

CHANGING HUMAN NATURE. By Harold Rowntree. Boston: The Stratford Company, 1923. 139 p.

In this book of 139 pages, with a foreword by Percy Stickney Grant, the author gives us a complete clinical presentation of what he considers the great malady from which the world is suffering to-day—''the desire for acquisition'', or ''the effort to obtain without rendering adequate service to the community for what is received''.

In the first and second chapters, entitled *The Evolution of Habits* and *Civilization's Psychic Complex,* we have the etiology and pathology of this disease entity portrayed in the restatement of many honorable critical judgments which have been made from time to time on the march of civilization. Behavior, individual and collective, is always in process of evolution, the trend of its manifestations being determined by the heritage of the past and the creative force of the present. Complexity of desires and the conflict of emotions prevent man from developing his capacities. If he cannot manage these Arabian steeds himself, society should help him as soon as possible by "readjusting and rearranging the compensations for conduct so that service shall be profitable and disservice unprofitable". Unfortunately, society is so constituted that it gives "all the best things in life, not to those who produce the most, but to those who can grab the most". This social premium on grabbing, plus a certain constitutional delinquency in controlling desires, is slowly, but surely resulting in a world plague-stricken by "the crime of acquisition". But the treatment is at hand in "the law of compensation": "We must make it unprofitable to do wrong and profitable to do right." Then "human nature will begin to change the moment it learns that its present attributes are not profitable".

The working out of practical arrangements connected with such therapeutic reconstruction will be inevitably hampered by the presence of two social elements which "keep the main body of mankind polluted". They are "the dregs" and "the scum". "The dregs" are the "subnormal—mentally, physically, and morally". "The scum" are individuals floating stagnantly upon the surface of humanity. They are "gold-digging profiteers, speculators, gamblers", and landed aristocracy who have grabbed successfully, by virtue either of inheritance or "special privilege". "The scum" does not want its human nature changed; "the dregs" is constitutionally incapable of appreciating any necessity for reëducation along this line. Therefore, dregs and scum must be eliminated as sources of infection to mankind.

With characteristic felicity in theoretical resource, the author outlines a plan by which society can rid itself of dregs: "All children that are defective, or are morons, will be sent to segregated communities where their freedom will be curtailed. All people of the class that are imprisoned for breaking the law will be sent there. . . . The segregated districts would take the place of gaols, penitentiaries, hospitals, insane asylums, orphan asylums, homes for the aged, almshouses, homes for incurables, etc. In these districts as large a freedom will be permitted as is consonant with their subnormal condition. . . . No propagation of life within any segregated district will be permitted. The birth rate will be zero. Each coming generation can be abundantly produced by the normal people in the outside world."

With "the dregs" thus eliminated, the author turns his attention to the removal of "the scum". This he would do by such a regulation of the income tax "that income derived from services beneficial to the public, rendered by the recipient, would be taxed as lightly as possible, and that income acquired—but not earned by useful public service—would be taxed so heavily that it would be more profitable to devote individual energies to composite interests''.

In reading the pages of this book, one is continually asking oneself how seriously the writer intends that his reflections should be taken. That human nature in the form of appetites, cravings, satisfactions, standards of achievement, ideals, and the like, has changed since man evolved from the past, that it is even now in process of further change, and will continue to change in the future, seem truths fairly well accepted by most reasonable people. It is true also that the evolved product is not what we have been led to believe will be characteristic of the millenium. The medical survey of Mr. Rowntree is not at all convincing as to the discovery of any new disease form from which the world is suffering. Moreover, the simplicity and concreteness of his directions for improving human society are a bit startling, even to a generation inured to unique panaceas. From a constructive standpoint, the book contributes little of practical value in meeting daily problems of human distress that press for action.

ESTHER LORING RICHARDS.

Henry Phipps Psychiatric Clinic.

APPLIED PSYCHOLOGY. By Bernard C. Ewer. New York: The Macmillan Company, 1923. 480 p.

Until recent months the daily life of a psychologist contained a vexatious and never completely solved problem—the problem, namely, of answering in an adequate way the questioner who wished to be directed to one or two single books from which he could obtain a comprehensive view of the contribution that psychology had to offer toward practical affairs. Among the publications that have now appeared to fill this demand is Ewer's *Applied Psychology*.

The book does not, to be sure, cover the entire range of applied psychology. Its scope, however, is quite broad enough for a single volume. It is best indicated by a list of the main subjects considered. In a first section, following an introductory review of aims and methods, are chapters on subconsciousness, suggestion, and the measurement of intelligence. A second section, on educational problems, treats of fundamental factors in education, the learning process, intellectual efficiency, the control of emotion, and will power. A section on mind and health includes chapters on psychotherapy, methods of therapeutic suggestion, psychoanalysis, religious psychotherapy, and everyday psychotherapy. In the final industrial section, there are chapters on vocational selection, industrial training, efficiency of operation, social and moral factors, and advertising and salesmanship.

Although treating of widely different questions, the chapters conform consistently to a single general type. In no one of them are the results of an original investigation by the author presented, or the latest results of the researches of others assembled. Nowhere is there to be found an argument written specifically for the specialist. Quite on the contrary, there are numerous statements and expressions which the author undoubtedly knew would be disapproved by specialists, but which he nevertheless employed without so much as a footnote of explanation for his professional friends.

The book is quite free from journalistic artifices. No chapter or section begins with a bombastic promise. No sensational anecdotes or allusions arouse the reader's emotions. Affirmatively, the thing which the author has accomplished in each chapter is a clear, terse, and balanced, but comprehensive statement of those aspects of his topic which already have a place in the general literature of the special field.

Such a treatment is inevitably somewhat dogmatic. Otherwise, of course, no one of these fields could be covered in a chapter of moderate size. The kinds of evidence available for the support of different theories are indicated, however, and in many cases there are excellent illustrations from the author's keen observations.

Whether, in comparing the theories of any one field and reaching a synthetic conclusion, the judgment of the author is sound, is a matter on which the specialists in the field will disagree. In the opinion of the reviewer, the sane judgment with which the chapter summaries are framed is an outstanding feature of the book.

Altogether, the book represents an unusually successful combination of common sense with psychological information. It is fitted to play a valuable part in making the science of psychology an effective social force.

D. C. Rogers.

Smith College.

The Form and Functions of the Central Nervous System; An Introduction to the Study of Nervous Diseases. By Frederick Tilney, M.D., Ph.D., and Henry Alsop Riley, M.D., with a foreword by George S. Huntingdon, Sc.D., M.D. Second edition. New York: Paul B. Hoeber, 1923. 1019 p.

This book represents a great labor in research, embracing particularly the fields of comparative anatomy, embryology, and the integration of the units of the nervous system. Certainly no other attempt has ever been so thorough and comprehensive. It answers the great need of a textbook for medical students and for postgraduate courses in neurology. The early chapters deal with the evolution of the nervous system and its embryology, and give a clear-cut definition of the neurone theory. In turn the spinal cord, medulla oblongata, pons Varolii, cerebellum, mid-brain, interbrain, and end brain are generously treated. The reader must thoroughly digest one section before passing to the next, the text leading him on step by step to a fundamental knowledge of the forms and functions of the nervous organism. For this reason the book is not for handy reference, but is more particularly a student's book.

The numerous illustrations by photomicrographs, diagrams, and figures clarify the text and add much to the value of the work. Also, the citing of actual cases and the consideration of essential pathology in the various functional and anatomical syndromes emphasize and clinch the points discussed. A glossary and index of seventy-five pages complete the volume.

The book fills a very definite need, bridging the gap between earlier anatomical studies and clinical neurology. It is interestingly written and clearly correlates anatomy, pathology, and physiology. It is orderly and systematic, and more than all else it presents neurology as a living rather than a library subject. Each division of the subject is taken up in great detail, which perhaps might be burdensome to the undergraduate, but for the graduate student, the physician, and the teacher, anything less detailed would place it in the same category as many other so-called textbooks, eliminating effectively its basic worth.

It easily takes rank above any other published book on a similar subject and the highest praise can be accorded it.

T. H. Weisenburg.

Archives of Neurology and Psychiatry.

The Measurement of Emotion. By W. Whately Smith. New York: Harcourt, Brace, and Company, 1922. 184 p.

This is a book that the many psychologists now interested in the quantitative study of the emotions will do very well to examine. In the case of the general reader, commendation must be more reserved. Custom has sanctioned, in the field of psychometrics at least, the use of rather Pickwickian titles, and one can hardly cavil at the fact that the book is essentially a study of the psycho-galvanic reflex and the association experiment. Here the author has done an exceptional amount of work, at a fair technical level. On the side of interpretation, the work suggests a few criticisms on broad lines. The "reflex" is treated very much as an objective essence of emotion itself; it is perhaps more common to regard it as a partial overt manifestation of internal processes more nearly related to the affective life. Little weight attaches to the consideration that emotion is a subjective process and that the validity of any ''method of expression'' depends in the first instance on how well it checks with closely considered introspective accounts of the emotions experienced. The data are treated statistically with a thoroughness unusual in this class of work; statistics and Jungian psychology are an unstable mixture. The not inconsiderable literature of the ''reflex'' is but slightly assimilated; there is no index, and rather more liberal recourse to the first personal pronoun than is usual in scientific presentations.

F. L. WELLS.

Boston Psychopathic Hospital.

TEXTBOOK OF NURSING PROCEDURES; BELLEVUE SCHOOL OF NURSING. Compiled by Dorothy Dix Hill, R.N. New York: The Macmillan Company, 1923. 187 p.

A very practical volume, this, of great value to students and graduates of the school in question, but useful also to nurses from any good school. To nurses whose work for some time has not demanded many technical procedures, it will prove a welcome aid to memory by its lists of articles needed for every form of bodily care or treatment.

The cook-book style of writing selected has its advantage, as has also the extreme terseness of expression, though the latter sometimes results in lack of clearness. A word or two of explanation, especially of expressions in only local use, would make the book more valuable to nurses of other schools.

The thoughtful provision against confusion or loss, as evidenced in the procedure for admitting patients and the details given to insure finished work, may well furnish many useful hints to superintendents of nurses who are trying to establish a technique that will be beyond criticism. It is a pity that no mention is made of the special procedures and special equipment needed in dealing with mentally disordered persons. With the increase in psychopathic wards, more and more nurses will be called upon to care for mentally sick patients and should have all possible assistance in preparation for their important work.

V. MAY MACDONALD.

Child Welfare Association, Montreal, Canada.

NOTES AND COMMENTS

District of Columbia

On April 5 a bill was introduced in Congress to establish a board of public welfare for the District of Columbia. This board would supplant the board of charities, created in 1900; the board of children's guardians, created in 1892; and the board of trustees of the National Training School for Girls, established in 1888. The new board would consist of nine members appointed by the district commissioners for six years, with overlapping terms. This board would have exclusive control and management of the new home and training school for the feebleminded, which has been located in Anne Arundel County, Maryland, the Gallinger Municipal Hospital, the home for the aged and infirm, the municipal lodging house, the hospital for tuberculosis, and the various penal and reformatory institutions in the district. The district commissioners, upon nomination of the board, would have the authority to appoint a director of public welfare as the chief executive officer of the board.

A somewhat similar bill was introduced last year, but failed of enactment.

Senate Bill 2257, which is designed to simplify the administration of the government's aid to disabled ex-service men, would codify existing laws and provide for additional legislation. This bill supplants the War Risk Insurance Act, the Vocational Rehabilitation Act, and the Veterans' Bureau Act. It is called the "World War Veterans' Act, 1924". It gives the director of the Veterans' Bureau authority to reorganize the bureau, to establish a central office in the district, not more than 14 regional offices, and not more than 140 sub-offices. Among other provisions, it changes the "presumption period" from three to five years for neuropsychiatric disease and tuberculosis. That is, any ex-service man who is shown to have, within five years after separation from active service, a neuropsychiatric disease or an active tuberculous disease, developing a 10 per cent degree of disability or more, shall be considered to have acquired this disability in such service or to have suffered an aggravation of a preëxisting neuropsychiatric or tuberculous disease in such service.

This bill has been reported favorably by the Senate Finance Committee.

Kentucky

A bill before the 1924 legislature extends the commitment law relating to insane and feebleminded to include persons addicted to the use of drugs. It allows such persons to enter the state hospitals also upon voluntary agreement, for a period of six months or longer if necessary for a cure. The patient's written application must be supported by the certificates of two physicians.

Maryland

A bill to authorize a new state institution for feebleminded persons was introduced in the 1924 legislature, but failed of enactment. This institution, to be known as the Allendale State Training School, would have received feebleminded colored persons. For the purchase of land and construction of its buildings, provision for a bond issue of $100,000 was included in the bill. All feebleminded Negro children who need custodial care are now sent to the Crownsville State Hospital.

An appropriation of $657,000 has been authorized for the four state hospitals for mental diseases and the institution for the feebleminded, distributed as follows: Springfield State Hospital, $142,000 for a new building to replace two wooden cottages, increasing the capacity of the hospital by 50; Spring Grove State Hospital, $225,000 for a new wing to the Arthur D. Foster Clinic, to house 100 more patients; Eastern Shore State Hospital, $105,000 for a new administration building, adding 100 beds to this hospital; Crownsville State Hospital, $25,000 for a home for the superintendent; Rosewood State Training School, $100,000 for the erection of a dormitory to house 100 additional children; and the remaining $60,000 for equipment for a recently completed building at the Crownsville State Hospital and for extension of the water supply at the Rosewood State Training School.

The 1924 legislature has made an appropriation for the establishment of mental-hygiene clinics throughout the state. Such clinics, to be located at Frederick, Hagerstown, Cumberland, and Cambridge, will be under the supervision of the board of mental hygiene.

Massachusetts

A measure authorizing a psychiatric examination of every convicted prisoner serving a sentence of more than thirty days, except for non-payment of fine, and of every convicted prisoner who has been previously committed to any penal institution, has been enacted by the 1924 legislature by an overwhelming vote. The law provides that keepers and masters of jails and houses of correction shall cause these examinations to be made and imposes a penalty for any failure to comply. The examination must be made by a psychiatrist appointed by the department of mental diseases, and this department prescribes the time and manner of making the examination and the records to be kept. The results of these examinations and the recommendations based upon them are to be forwarded to the commissioner of correction. This act becomes effective September 1.

Minnesota

The state board of control has purchased 320 acres of land adjoining the village of Cambridge for a colony for epileptics. This colony will be a separate institution, but the laws governing the operation of the state institution for feebleminded and epileptics at Faribault will apply to it. Transfer of inmates from the latter institution to the new colony is also authorized.

Mississippi

The new building for ex-service men, authorized by the 1922 legislature, has recently been opened at the East Mississippi Insane Hospital. This building, which accommodates about sixty patients, was erected at a cost of about $100,000.

New Jersey

The New Jersey Senate defeated by a narrow margin a bill to allow sterilization of persons "afflicted with chronic insanity or chronic feeblemindedness, which insanity or feeblemindedness may be transmitted to his offspring, or any habitual criminal of defective mentality, which defective mentality may be transmitted to his offspring". An habitual criminal is defined in the bill as a person three times convicted of any crime punishable by imprisonment for one year, whether in this state or elsewhere.

In 1911 New Jersey enacted a sterilization law, which was later declared unconstitutional.

Chapter 237, Laws of 1924, provides for a special tax of one-half mill on each dollar's valuation of real and personal property of municipalities, the proceeds of which are to be known as the "State Institution Construction Fund". The money thus raised is to be used for the acquisition of sites and for new construction and equipment at the various state institutions. About $1,000,000 is allowed for a new institution for feebleminded women to be located in North Jersey. This institution was authorized by Chapter 126, Laws of 1924.

New York

The governor has approved a measure that transfers to the state hospital commission the buildings at Wingdale, which were originally intended for a prison, but were never occupied. This institution will be converted into a state hospital for mental diseases and will be known as the Harlem Valley State Hospital.

Another 1924 law appropriates $12,500,000, payable out of the proceeds from the bond issue of $50,000,000 authorized by the voters of New York at the last state election. The first steps to be taken with the aid of this sum will be measures to relieve the overcrowding at the hospitals in the metropolitan area, New York City. Part of this amount will be used in reconstructing the institution at Wingdale, above mentioned, into a state hospital. It is proposed to construct additional buildings at the Creedmoor Division of the Brooklyn State Hospital, the Kings Park State Hospital, and the Manhattan State Hospital. Thirteen new buildings, to house one hundred each, will be erected at Letchworth Village, and a new pavilion, an infirmary for girls, and a custodial building for boys, will be constructed at the Rome State School. The Craig Colony will undergo reconstruction to provide for underground connections for heating and other purposes.

An undesirable bill in relation to commitment of the insane has failed of enactment. This bill would have amended the insanity law so that it would have been necessary to notify the district attorney of the county of residence of all proceedings for the commitment of insane persons, and he would have had the right to demand a jury trial. The present insanity law amply safeguards the rights of alleged insane persons by allowing a jury trial upon the request of any relative or near friend; but usually no such request is made.

On February 5, the governor sent a special message to the legislature recommending the appointment of a committee to confer with New York representatives in Congress as to the reimbursement to the state for the care and maintenance of alien insane. A claim for over seventeen million dollars has been entered by the state, based upon an investigation made by the state hospital commission, at the request of the attorney general. This amount includes cost of maintenance of 31,861 alien patients cared for in the New York state hospitals from 1882 to August 1, 1921, at which time the investigation was started. Some time ago a resolution was submitted to the present Congress by two of New York's representatives, urging the adoption of legislation that would permit New York State to bring suit against the federal government for the care of alien insane patients.

Rhode Island

A resolution before the 1924 legislature would authorize the state board of education to conduct a survey of the number and condition of children of school age who are so handicapped, mentally or physically, as to make their attendance at school irregular or impracticable, or whose progress in school is unsatisfactory. The causes would be inquired into and practical measures studied, with a view to providing for the education of such children.

It is to be hoped that House Bill 742 will fail of enactment, although it has passed the house. This bill would permit a child fifteen years of age, who "has been examined and has been found by the superintendent of schools to be mentally incapable of making further educational progress through school attendance", to receive an employment certificate.

South Carolina

A bill to regulate the issue of marriage licenses, introduced in the 1924 legislative assembly, passed the house but failed in the senate. This bill would require every male proposing to enter the contract of matrimony to file with the officer who issues marriage licenses a certificate that he is free from venereal diseases. The certificate must have been made out by a reputable physician and dated within ten days of the date of the license.

Virginia

A sterilization law enacted by the 1924 legislature was approved March 20. The scope and purposes of the act are set forth in the following opening paragraphs:

> "WHEREAS, both the health of the individual patient and the welfare of society may be promoted in certain cases by the sterilization of mental defectives under careful safeguard and by competent and conscientious authority, and
>
> "WHEREAS, such sterilization may be effected in males by the operation of vasectomy and in females by the operation of salpingectomy, both of which said operations may be performed without serious pain or substantial danger to the life of the patient, and

> "WHEREAS, the commonwealth has in custodial care and is supporting in various state institutions many defective persons who if now discharged or paroled would likely become by the propagation of their kind a menace to society, but who if incapable of procreating might properly and safely be discharged or paroled and become self-supporting with benefit both to themselves and to society, and
>
> "WHEREAS, human experience has demonstrated that heredity plays an important part in the transmission of insanity, idiocy, imbecility, epilepsy, and crime, NOW, THEREFORE,
>
> "1. Be it enacted by the General Assembly of Virginia, That whenever the superintendent of the Western State Hospital, or of the Eastern State Hospital, or of the Southwestern State Hospital, or of the Central State Hospital, or of the State Colony for Epileptics and Feebleminded, shall be of opinion that it is for the best interests of the patients and of society that any inmate of the institution under his care should be sexually sterilized, such superintendent is hereby authorized to perform, or cause to be performed by some capable physician or surgeon, the operation of sterilization on any such patient confined in such institution afflicted with hereditary forms of insanity that are recurrent, idiocy, imbecility, feeblemindedness, or epilepsy; provided that such superintendent shall have first complied with the requirements of this act."

The superintendent must first present a petition to the special board of directors of his hospital or colony. This petition must state the facts, verified by affidavit, requesting that an order be entered by the board requiring him to perform the operation of vasectomy or salpingectomy, or to have the operation performed by some competent physician designated by him. The petition must be served on the inmate, together with a notice designating the time and place when the board may hear and act upon the petition, and also upon the legal guardian or committee of such inmate. The inmate may attend the hearing in person. Any party to the proceedings has the right to be represented by counsel at such hearings.

> "The said special board may deny the prayer of the said petition or if the said special board shall find that the said inmate is insane, idiotic, imbecile, feebleminded or epileptic, and by the laws of heredity is the probable potential parent of socially inadequate offspring likewise afflicted, that the said inmate may be sexually sterilized without detriment to his or her general health, and that the welfare of the inmate and of society will be promoted by such sterilization, the said special board may order the said superintendent to perform or to have performed by some competent physician to be named in such order upon the said inmate, after not less than thirty days from the date of such order, the operation of vasectomy if a male or of salpingectomy if a female; provided that nothing in this act shall be construed to authorize the operation of castration nor the removal of sound organs from the body."

The special board, superintendent, inmate, or his committee, guardian, parent, or next friend has the right to appeal, within thirty days after the order, to the circuit court of the county or city in which the institution is located.

Any party to such appeal may, within ninety days after the order, apply for an appeal to the supreme court of appeals.

Washington

Fifty mental and nervous ex-service patients, who have been cared for in a veterans' ward at the Western State Hospital, Fort Steilacoom, have been removed to the new government hospital at American Lake. This hospital, which has recently been opened, includes 28 buildings and has accommodations for 300 patients.

STERILIZATION AND MENTAL DEFICIENCY

The Central Association for Mental Welfare of Great Britain, which was founded in 1913 to act as a coördinating and representative body on all questions affecting mental defectives and their relation to the community, has recently issued in pamphlet form the following statement of their position on the question of sterilization:

> ### THE PREVENTION OF MENTAL DEFICIENCY
>
> From the racial aspect, this problem is the most important which has to be faced in connection with mental deficiency. The promoters of the Mental Deficiency Act hoped for its solution by the segregation of defectives in institutions and colonies. The advocates of sterilization have in later years strongly pressed their method for the prevention of the increase of defectives. The council of the association have recently given the question their most serious consideration and they referred it to the standing medical committee. The considered opinion of that committee is that *sterilization is not at the present time a practical proposition.* The council of the association are in complete agreement with this view.
>
> The Central Association for Mental Welfare has accordingly decided not to advocate the policy of sterilization, because they consider that it would only have a limited influence in preventing the increase of mental deficiency, that it would be attended with certain harmful results in other directions, and because its adoption is impracticable.
>
> It is very important to remember that although propagation by defectives is one of the causes of the spread of mental deficiency, nevertheless this is by no means the only social menace attaching to their presence in the community. If left unprotected and unguided, their lack of stability and control may lead them to commit serious crimes, such as theft, arson, assault, and even murder. Their inability to maintain economic independence results in vagrancy and destitution. Their helplessness in the face of obstacles frequently brings about their complete collapse at the first rebuff which they have to meet. The interests of the community can only be adequately protected by the segregation of a considerable proportion of these persons in suitable institutions.

A sterilized defective would not be any less liable to these happenings than would one who was unsterilized. A defective woman, from the fact of her being sterilized and incapable of bearing children, would be more prone to illicit intercourse, to adopt a life of prostitution, and to spread venereal disease.

It follows that segregation would still be needed in the case of a very large proportion of defectives. But if they are segregated, sterilization is unnecessary. On the other hand, there can be little doubt that any general adoption of sterilization would, in actual practice, lead to the non-segregation of a large number of defectives who should be under care, and thus to an increase of the social evils mentioned.

It is sometimes contended that defectives are happier at large than in suitable institutions, and that sterilization, by permitting their liberty, would consequently add to their happiness. The Council of the Central Association for Mental Welfare desire to protest most strongly against the suggestion that institution care entails unhappiness. It is true that some defectives resent such care, but it is almost invariably found that these are possessed of such strongly marked antisocial propensities that their liberty would be a menace to the community. On the other hand, it is the general experience of those who have had many years' practical acquaintance with defectives that the majority are far happier in suitable institutions, engaged in congenial occupations and having the companionship of their mental equals, than when they are exposed to the difficulties of an outside world to which they are incapable of adapting themselves. In many cases, indeed, such freedom amounts to the infliction of positive cruelty.

Another claim frequently advanced in favor of sterilization is that, by doing away with institutional care, it would conduce to economy. The council of this association are convinced that this view is fallacious. They consider that the expense which would be entailed in maintaining defectives in workhouses, rescue homes, prisons, workhouse hospitals, and so forth, together with the cost of administrative and legal proceedings, would be greater than that involved in maintaining them in suitable institutions, where a certain amount of remunerative work is performed.

Segregation the First Need.

The only way of safeguarding defectives from the consequences incident to their defect, and at the same time guarding the community, is by *segregating those who have antisocial tendencies or whose homes afford insufficient protection.* This has the same racial effect as sterilization, but it does more than sterilization in that it reduces the immediate social dangers.

The Mental Deficiency Act goes a long way toward providing the necessary machinery, but unfortunately there are many areas of the country in which the act is still very inadequately administered. If full use were made of it, there can be little doubt that the effect upon propagation would be as great as any that could be achieved by the sterilization of certified defectives; whilst the effect in diminishing misery, vice, crime, and expense would be far greater than could be achieved by means of sterilization.

We therefore press for *more institutions adapted to the needs of those persons.* For if it is necessary for the safety of the community that certain defectives should be deprived of their liberty—as it undoubtedly is—it is only just to them that we should make the deprivation as little irksome, and their surroundings as interesting and varied, as is possible.

Supervision.

Whilst it is necessary that defectives who are antisocial or insufficiently protected at home should be removed to institutions, those who are quiet and easily controlled may be adequately protected by being supervised in their own homes. This involves:

(a) The greater use of the section of the Mental Deficiency Act which makes provision in certain cases for the exercise of statutory supervision.

(b) The development of voluntary associations to look after the interests of such defective persons as cannot at present be dealt with under the Mental Deficiency Act.

Supervision in its narrower sense implies simply home visiting, but more is necessary if constructive work is to be done. In every area there should be started *occupation centers* for the training of children excluded from special schools, and *employment classes* where older defectives who cannot get work in the open market can learn some handicraft and be usefully occupied.

Conclusion.

The conclusions to which the Central Association has, therefore, come, are as follows:

That *segregation* is the best method of dealing with certifiable defectives who cannot adapt themselves to the existing social code.

That judicious and kindly *supervision* is the best method of dealing with those not possessed of marked antisocial propensities.

It is considered that these are the foundations upon which a satisfactory national scheme for dealing with the problem of mental defect may be built up. The Mental Deficiency Act has laid these foundations; the building should now be actively carried on.

FAMILY CARE OF MENTAL PATIENTS

Dr. Lev Taussig, of the Charles University of Prague, has called attention to an article on family care for mental patients, by Dr. Vaclav Skop, which appeared in a recent number of the *Revue Neuropathologie.*

"The author of this article", Dr. Taussig writes, "a leading Czechoslovak worker in the field of social psychiatric care, argues strongly for the establishment of psychiatric colonies, the advantages of which along social, economic, and purely medical lines he has studied abroad. The author has recently made an intensive study of family care of mental patients in France and in Belgium in particular, in which latter country the Gheel colony is an incomparable example of this method of care. On the basis of his researches, the author has not hesitated to build up from a meager existing nucleus in Pogranice, Slovakia, a large colony which now cares for approximately one hundred patients who otherwise would be committed to hospitals for mental disease. In his article the author gives sufficient proof of the importance of keeping independent of the hospital all matters of administration and medical supervision connected with the colony.

"The advantages afforded by family care, according to the author, are these:

"1. From the medical point of view, many chronic psychopathic patients show considerable improvement. Many schizophrenics, when placed in the care of a family, begin early to show an interest in their surroundings and work. Patients of unclean habits soon learn to care for cleanliness. It is self-evident, of course, that, clinically speaking, the ailments do not undergo any basic change; the patient persists in his hallucinations and mental obsessions perhaps to an even greater extent than when he was in the hospital. From the social point of view, however, the author points out an undeniable improvement in the condition of the patients.

"2. Colony care would noticeably lessen the pressure on the overfull hospitals for mental disease. It is particularly those chronic schizophrenics who fill our hospitals as permanent inmates, sitting out their lives in dull apathy, who can be removed without any danger and placed in family care in the colonies. Through the removal of these chronic cases, our mental hospitals ought to revive at once and become what every conscientious psychiatrist wishes them to be—namely, modern hospitals serving primarily purposes of observation and care of acute cases.

"3. More seductive, perhaps, may be the many financial advantages of the scheme. The average daily cost of a patient in a mental hospital is approximately thirty Czechoslovak crowns. The cost of maintaining a patient in an approved home is not over ten crowns per day. Thus every patient cared for in colonies would mean a saving of about 7,000 crowns annually. If we consider that in Czechoslovakia the hospitals are caring for some 5,000 mentally unbalanced patients, of which admittedly nearly one-half could be entrusted to family care in colonies, we can see an annual saving of some 15,000,000 crowns. This inviting picture, however, cannot of course be realized at once with all its advantages and in its entire scope. It is necessary first to establish—and with great care—colonies in suitable districts and to organize them under the supervision of specialists.

"Nor is there any doubt that properly established colonies could be utilized in caring for physically defective individuals, especially such as are suffering from chronic ailments and incurable nervous diseases. In this connection the writer makes express mention of the aftereffects of sleeping sickness in its more virulent form. Moreover, it would be possible to include also, in the broad and elastic scope of colony care, family care of mentally defective children. The author here makes mention of the recently organized special section for children at the Gheel colony. It is his opinion that in this manner it would be possible to salvage many a child that has already found its way into a psychiatric institution or even a reformatory or prison.''

Mental Hygiene in Australia

The following summary of the mental-hygiene situation in Australia appeared in a recent number of *The Health Forum* in an article by E. Morris Miller, who is chairman of the mental-hygiene section of the Public Health Association of Australasia:

''1. Mental hospitals have been long established in all the states.

''2. In Sydney the first psychiatric clinic at Broughton Hall has recently been opened, and it is associated with the department of psychiatry at the university.

''In Melbourne a scheme is under consideration to set up a psychiatric clinic in connection with one of the large public hospitals. At present the Receiving Home at Royal Park serves (in part) the purposes of a psychopathic hospital.

''3. In some of the states the laws relative to the care of the 'insane' are 'strained' to permit the reception of voluntary boarders, and in one or two instances legislative authority is provided. In this connection the sympathetic administration of highly competent officials has not waited upon a tardy and indifferent legislature.

''4. Very little is done in the way of social service as it is understood abroad. Investigations are frequently made, but the officials are not trained in the technique of this work.

''5. While the three medical schools recognize the claims of psychiatry, Sydney alone has exalted them to the status of a chair. It might be noted that Queensland has a chair of medical psychology and another in psychology. Sydney also has an associated professor of psychology.

''6. Regarding the mental defectives, most of the departments of education have formed either special classes or special schools, but in none of them are these classes on a satisfactory footing because of the lack of the necessary appropriation and legislative machinery. For similar reasons only spasmodic surveys have been made, and very little of lasting value has been accomplished in the directions of control and supervision. It should be mentioned that the schools of education in the Universities of Sydney and Melbourne are undertaking preliminary work which will be demanded of them on a more extensive scale when legislation is forthcoming.

"In two or three states a few small private institutions exist for the care of defective children, and some are provided for in homes under the control of departments administering acts relating to the children of the state; but practically nothing has been achieved that indicates anything like an adequate attack upon the evils arising out of mental deficiency. Only the lowest classes, the idiots and the low-grade imbeciles, are placed directly in institutions, but these are not dealt with under laws relating to mental defectives.

"In legislation Tasmania stands alone as yet. The Lee Government passed the first act in Australia dealing with the feebleminded class, and it has recently put the machinery in motion for coping with the problem as far as the finances of the state will permit. The survey for purposes of ascertainment and registration is quietly proceeding, and eventually the whole state will be covered. When sufficient data are ready, the Mental Deficiency Board will be in a position to make recommendations to the government for the establishment of a training school under the act."

THE TRUE PSYCHOLOGIST

"For myself, I am convinced that neither the metaphysician, philosopher, mathematician, chemist, physicist, nor, strange as this may seem to some of my fellow psychologists, even the mechanic or mere computer, is or ever can become a good psychologist. All of them lack the instinct, insight, or *flair* needful here somewhat in proportion to their excellence in these fields. Their influence is de-vitalizing, de-animistic, de-anthropomorphizing, while psychology stands for the progressive refinement and final blossoming and fruitage of just these tendencies, which take their rise in biology. Thus, too, it comes that contributions are addressed to those in the author's own group—testers write for testers, introspectionists and analysts each for his own set—as if authors gloried in being esoteric and caviar to the general and would feel broadcasting vulgar. . . .

"The true psychologist, born and bred, yearns with all his heart for a deeper understanding of man and of all his psychic life, past and present, normal and morbid, good and bad, at all stages of his life. He also regards every human institution as an expression of more basal human impulsions and interests because they shed light upon these, which constitute his primal nature. He feels a peculiar urge to be intensely human and to glimpse, feel, or strive in his own brief life for everything possible to man's estate. If things go wrong in human affairs, he feels that there must somewhere be a psychic cause which it is up to him to detect and if possible to do his bit to remove. Thus he is called to-day to be a sort of high priest of souls as in an earlier age the great religious founders, reformers, and creators of cults and laws used to be, for the day of great leadership in these fields seems to have passed. If he is concerned, as he should be, with the education of the race, nation, or individuals, he is not content merely to fit for existing institutions as they are to-day, but he would develop even higher powers, which gradually molt old and evolve new and better institutions or improve old ones. He can never entirely forget the eternal challenge of the Sphinx riddle. He has a passion to know himself as he really is and how he came to be just what he is. He has a burning curiosity which may intermit and be diverted, but which never ceases to want to know a little more truly what life, love, the deep instincts, interests, and typical experiences, and birth and death and everything between, really are and mean. He is unhappy if he feels no sense of making some progress towards these goals.''—G. Stanley Hall, *Autobiography.*

THE PHYSICIAN'S FAILURE

''Why do doctors so often make mistakes? Because they are not sufficiently individual in their diagnoses or their treatment. They class a sick man under some given department of their nosology, whereas every invalid is really a special case, a unique example. How is it possible that so coarse a method of sifting should produce judicious therapeutics? Every illness is a factor simple or complex, which is multiplied by a second factor, invariably complex—the individual, that is to say, who is suffering from it—so that the result is a special problem, demanding a special solution. . . .

''The principal grievance which I have against the doctors is that they neglect the real problem, which is to seize the unity of the individual who claims their care. Their methods of investigation are far too elementary; a doctor who does not read you to the bottom is ignorant of essentials.''—Amiel's *Journal,* 22d August, 1873.

THE NOISY OFFICE

Editorial, *The New York Medical Journal*

The New York Medical Journal on several occasions has pointed out editorially the industrial menace of noise. There is no doubt that while the human organism may become habituated to the din of machinery, constant exposure to auditory stimuli exercises a deleterious effect upon the nervous system. This is even more pronounced in the case of brain workers, who must concentrate to greater degree upon their work than the manual laborer. Ideation is slower and the finished product less accurate in an environment of gnashing adding machines, pealing telephone bells, and rattling typewriters. Leather-lunged Stentors rend the air with telephone conversations and the pest of pests, the gabby office mate, reduces the output of exact work. These interruptions make it necessary for the mind to switch on and off the target and, since the inertia of rest must be broken each time the continuity of effort is checked, the load which the human machine carries is thereby greatly increased. Is it any wonder that office workers as a class are more likely to have a subnormal state of nervous health and a shorter life span than does the group which labors in relatively quiet surroundings, when the greater strain to which they are subjected is considered? If it is necessary that the directing heads of large businesses be officed in sound-proof, silent rooms, how much more is it requisite that the stenographer, the clerk, or the proof reader have the benefit of a hushed office in which every sound is cut down to the irreducible minimum.

Any one who has traveled widely must have been struck with the fact that the lower the civilization of a people, the more they indulge in purposeless noise. It is true that they have no pneumatic riveters, roaring airplanes, or screeching steam whistles, but the amount of entirely useless chattering, pounding, and vociferation which can go on in a native village is almost unbelievable. Their mental life is on a very low and narrow plane and concentrated thought, such as is required for creative effort, of rare occurrence. It is only when man reaches the higher levels of civilization that a definite effort is made to eliminate noise. Measured by this standard, many of our offices are still pretty far down in the development scale.

It is well worth the effort of those who administer offices to hand out the SILENCE sign and to undertake careful studies with the view of reducing the tumult in which many people are obliged to work. It is surprising how many sounds may be gotten rid of by proper office discipline—how easily a quiet telephone voice, far more effective than trumpet-tongued bellowings, may be cultivated; how much peace may be engendered by rubber castors, quiet typewriters, and padded adding machines. Every sound eliminated increases the general efficiency of the office force, and best of all there will be a coördinate improvement in its mental health.

CURRENT BIBLIOGRAPHY *

JANUARY–APRIL, 1924

Compiled by

DOROTHY E. MORRISON

The National Committee for Mental Hygiene

Abbott, Grace. The normal child and its treatment, looking to the prevention of dependency, delinquency and defectiveness. Indiana bulletin charities and correction, June 1923, p. 122-24.

Abraham, Karl. Psychoanalytic views on some characteristics of early infantile thinking. British journal of medical psychology, Dec. 1923, v. 3, p. 283.

Alexander, F. Castration complex in the formation of character. International journal psychoanalysis, Jan.-April 1923, v. 4, p. 11–42.

Baldwin, B. T. Mental development of children. Psychological bulletin, Dec. 1923, v. 20, p. 665–83.

Beaton, Thomas, M.D. Psychogenic factor in the causation of mental disorder. Journal of mental science, Jan. 1924, v. 70, p. 58–68.

Berkley-Hill, Owen. Ranchi European mental hospital. Journal mental science, Jan. 1924, v. 70, p. 68–76.

Bernard, L. L. Psychoanalysts' theory of the conflict-neurosis. American journal psychology, Oct. 1923, v. 34, p. 511–30.

Blanchard, Phyllis, and R. H. Paynter, Jr. Problem child. Mental hygiene, Jan. 1924, v. 8, p. 26–54.

Blanchard, Phyllis and R. H. Paynter, Jr. Some findings in the clinical study of five hundred "problem" children. Psychological bulletin, Feb. 1924, v. 21, p. 118–19.

Bonner, C. A., M.D. Personality of attendants. Massachusetts Commission mental diseases, Bulletin, Jan. 1923, p. 21–24.

Bowen, A. L. Review of the year's discussions on state hospital standardization. Modern hospital, Jan. 1924, v. 22, p. 49–53.

Brierley, S. S. Sex differences from psychoanalytic point of view. British journal medical psychology, Dec. 1923, v. 3, p. 288.

Briggs, L. V., M.D. Where does mental hygiene begin; an American view. The Lancet, March 8, 1924, v. 206, p. 526–28.

Buckley, A. C., M.D. Manual of mental diseases for the use of doctors, lawyers and nurses. N. Y., Medico-legal journal, 1923. 179 p.

Cameron, H. C., M.D. Masturbation in young children. The Lancet, March 15, 1924, v. 206, p. 564–65.

Campbell, Harry, M.D. Man's mental evolution, past and future. London, Baillière, 1923. 74 p.

Chadwick, Mary. Psychoanalytic message and to whom does it apply? The Child, March 1924, v. 14, p. 164–66.

Clarke, C. K., M.D. Fourth Maudsley lecture. Public health journal (Toronto), Dec. 1923, v. 14, p. 531–41; Jan. 1924, v. 15, p. 9–15.

Clarke, E. K., M.D. Mental examination of immigrants. Social welfare, Jan. 1924, v. 6, p. 68-69.

Cohoon, E. H., M.D. Nursing and nursing education in state hospitals. Modern hospital, Feb. 1924, v. 22, p. 128–31.

Colvin, S. S. Systematic attempts to measure mentality. School life, Dec. 1923, v. 9, p. 73–74, 84–85.

Crummer, K. T. School of nursing for men. American journal of nursing, March 1924, v. 24, p. 457–59.

Cunningham, B. V. Prognostic value of a primary group test: a study of intelligence and relative achievement in a first grade. N. Y. Teachers college, 1923. 64 p.

---

* This bibliography is uncritical and does not include articles or books of a technical or clinical nature.

Darwin, Leonard. Programme of eugenic reform. Eugenics review, Jan. 1924, v. 15, p. 595–96.

Dearborn, W. F., E. A. Shaw and E. A. Lincoln. Series of form board and performance tests of intelligence. Cambridge, Harvard university, 1923.

DeMontel, Charles. Primary problems of medical psychology. London, Bale. 1923.

Drake, F. I., M.D. Social work at the Wisconsin state hospital for the insane. Iowa bulletin of state institutions, July 1923, v. 25, p. 188–94.

Ecob, K. G. Mental defectives in the community. Ungraded, March 1924, v. 9, p. 125–32.

Erwin, Hacker. American and European criminal jurisprudence. Journal criminal law and criminology, Feb. 1924, v. 14, p. 589–92.

Estabrook, A. H. Mental tests. Chicago medical recorder, Dec. 1923, v. 45, p. 897–904.

Fabricant, Louis. Psychological clinic for criminal court. Legal aid review, Jan. 1924, v. 22, p. 4–7.

Farrell, E. E. Mental hygiene problems of maladjusted children. Ungraded, Feb. 1924, v. 9, p. 99–108.

Farrell, E. E. The public schools and delinquency. National probation association. Bulletin, Feb. 1923, v. 1, p. 2–3.

Foster, L. S., M.D. Should Virginia have a Department of psychiatry? Virginia medical monthly, Jan. 1924, v. 50, p. 711–14.

Freud, Sigmund, M.D. Certain neurotic mechanisms in jealousy, paranoia and homosexuality. International journal psychoanalysis, Jan.–April 1923, v. 4, p. 1–10.

Fryer, Douglas. Psychology and industry in France and Great Britain. Journal personnel research, Feb. 1924, v. 2, p. 396–402.

Gadelius, B. Mental hygiene for school children. Hygiea, Stockholm, Sept. 30, 1923, v. 85, p. 756.

Glueck, Bernard, M.D. The concept "nervous child". American journal psychiatry, Feb. 1924, v. 3, p. 514–26.

Glueck, S. S. State legislation providing for the mental examination of persons accused of crime. Mental hygiene, Jan. 1924, v. 8, p. 1–19. Also in Journal criminal law and criminology, Feb. 1924, v. 14, p. 573–88.

Goodwin, J. C. Insanity and the criminal. London, Hutchinson, 1923. 320 p.

Gordon, R. G. The difficult and delinquent child. Psyche, 1923, v. 3, p. 291.

Great Britain — Lord chancellor's committee on insanity and crime. Abstract of report, Nov. 1, 1923. Journal mental science, Jan. 1924, v. 70, p. 96–109.

Green, R. A., M.D. Mental hygiene for children of school age. Massachusetts Commission mental diseases. Bulletin, Jan. 1923, p. 16–18.

Greene, J. S., M.D. Problem of the stutterer. N. Y. state journal medicine, March 14, 1924, v. 24, p. 337–39.

Hamilton, S. W., M.D. Psychopathic building of the Gallinger municipal hospital, Washington, D. C. Modern hospital, Feb. 1924, v. 22, p. 134–40.

Harding, Allan. The four commonest complexes and how to get rid of them. American magazine, April 1924, v. 97, p. 38-39, 149-50, 153-54, 157.

Hartford, C. F., M.D. Squint and the child mind. The Child, Jan. 1924, v. 14, p. 97–105.

Harink, J. Various developments undergone by narcissism in men and in women. International journal psychoanalysis, Jan. 1924, v. 5, p. 66–83.

Harris, I. G., M.D. Some principles applicable to the planning of hospitals for mental diseases. Modern hospital, March, 1924, v. 22, p. 228–30.

Harrow, Benjamin. A little gland with a big job. Hygeia, Feb. 1924, v. 2, p. 81–82.

Haviland, C. F., M.D. The state and mental hygiene. State hospital quarterly, Feb. 1924, v. 9, p. 185–96.

Hexter, M. B. and Abraham Myerson, M.D. 13.77 versus 12.05: a study in probable error: a critical discussion of Brigham's "American Intelligence". Mental hygiene, Jan. 1924, v. 8, p. 69–82.

Hill, O. A. R. B. Psychopathic child. Indian medical gazette, Nov. 1923, v. 58, p. 532.

Hincks, C. M., M.D. Mental defective and permanent supervision. Social welfare, Jan. 1924, v. 6, p. 69–70.

Hine, W. E. The child mind. The Child, Feb. 1924, v. 14, p. 137–39.

Hollingworth, L. S. Special talents and defects: their significance for education. N. Y., Macmillan, 1923. 216 p.

Holmes, C. O. The state's problem in mental hygiene. Indiana bulletin charities and correction, June 1923, p. 120–22.

Hopkins, C. D. Mental-health survey. Mental hygiene, Jan. 1924, v. 8, p. 83–93.

Hopkins, C. D. Physical problem in psychiatric case work. Hospital social service, March 1924, v. 9, p. 166–70.

Horney, Karen. On the genesis of the castration complex in women. International journal psychoanalysis, Jan. 1924, v. 5, p. 50–65.

Hubbard, S. D., M.D. Narcotic drug addiction—some misconceptions and suggestions. N. Y. state journal medicine, March 21, 1924, v. 24, p. 392–95.

International mental hygiene. Medical journal and record, Jan. 16, 1924, v. 119, p. 108.

Ireland, H. M. Fourteenth annual meeting of the National committee for mental hygiene. Public health nurse, Jan. 1924, v. 16, p. 40–41.

Ireland, H. M. Relation of a neuropsychiatric clinic to community life. Connecticut society mental hygiene, Mental hygiene news, Jan. 1924, v. 3, p. 1–4.

Jackson, J. A., M.D. and H. V. Pike, M.D. Study of ward distribution of mental hygiene cases in Philadelphia. Philadelphia department of public health. Monthly bulletin, Jan. 1924, v. 9, p. 2–7.

Jarrett, M. C. Factors in the mental health of girls of foreign parentage. U. S. Public health reports, March 7, 1924, v. 39, p. 447–72.

Johnstone, E. R. Concerning the degenerate and the feebleminded. Training school bulletin, Feb. 1924, v. 20, p. 145–48.

Jones, A. M. Superior child: a series of case studies. Psychological clinic, Jan. 1924, v. 15, p. 130–37.

Jones, Ernest, M.D. Essays in applied psychoanalysis. London, International psychoanalytic press, 1923. 454 p.

Karpman, Ben, M.D. The psychopathic individual: a symposium. Mental hygiene, Jan. 1924, v. 8, p. 174–201.

Kennedy, May. Teaching psychiatric nursing. Modern hospital, Feb. 1924, v. 22, p. 168–71.

Kerns, H. N., M.D. Cadet problems. American journal psychiatry, Feb. 1924, v. 3, p. 555–66.

Kidner, T. B. Reconstruction schemes in hospitals for mental and nervous diseases. Reprint from State hospital quarterly, Feb. 1924, v. 9, p. 221–25.

Kirby, G. H., M.D. Some aspects of the medical service in state hospitals. American journal psychiatry, Feb. 1924, v. 3, p. 569–71.

La Rue, D. W. The child's mind and the common branches. N. Y. Macmillan, 1924.

Lawrence, I. L. Child guidance clinic organized in Montreal, March 1923. Canadian nurse, Feb. 1924, v. 20, p. 87–92.

Levy, D. M. and S. H. Tulchin. Resistance of infants and children during mental tests. Reprint Journal experimental psychology, Aug. 1923. 18 p.

Lutz, W. F. Relation of mental to physical growth. Psychological clinic, Jan. 1924, v. 15, p. 125–29.

Lyday, J. F. Development of psychiatric social service. Hospital social service, March 1924, v. 9, p. 152–58.

McBride, P. Psychoanalysis analyzed. London, Heinemann, 1924. 142 p.

Mateer, Florence. The unstable child: an interpretation of psychopathy as a source of unbalanced behavior in abnormal and troublesome children. N. Y., Appleton, 1924. 483 p.

Meagher, J. F. W., M.D. Why alienists differ in criminal trials. N. Y. state journal medicine, March 14, 1924, v. 24, p. 334–37.

Menninger, K. A., M.D. Treatment of mental illness. Journal Kansas medical society, Jan. 1924, v. 24, p. 1–10.

Mental health primer. N. Y. National committee for mental hygiene; also Massachusetts Society for Mental Hygiene, 1923. 36 p.

Metzner, A. B. Special education in Detroit. Ungraded, Feb. 1924, v. 9, p. 109–13.

Miller, H. C., M.D. Physical basis of emotional disorder. The Lancet, Feb. 23, 1924, v. 206, p. 378-81.

Mudgett, M. D. Social effect upon the family of forced marriage. The Family, March 1924, v. 5, p. 14–16.

Myerson, Abraham, M.D. Heredity vs. environment. American review, Jan.-Feb. 1924, v. 2, p. 10–19.

Myrick, H. L. Mental hygiene element in social case work. The Family, Feb. 1924, v. 4, p. 244–47.

National committee for mental hygiene. Report of the Rhode Island mental hygiene survey . . . directed by S. W. Hamilton. Oct.-Dec. 1922. N. Y., 1923. 99 p.

Neterer, I. M. Critical study of certain measure of mental ability and school performance. Baltimore, Warwick, 1923. 141 p.

Newth, A. A. E. Educable and ineducable children. Medical officer, Jan. 5, 1924, v. 30, p. 6–7.

O'Brien, F. J. Psychological background of health teaching. Hospital social service, March 1924, v. 9, p. 143–51.

Overholser, Winfred. Voluntary admission law, certain legal and psychiatric aspects. American journal psychiatry, Feb. 1924, v. 3, p. 475-90.

Paul, M. R. How color affects the mental attitude and physical condition of patients. Modern hospital, March 1924, v. 22, p. 260–65.

Perkins, N. L. Mental and moral problems of the woman probationer. Hospital social service, Jan. 1924, v. 9, p. 1–15.

Pollock, H. M. Future of mental disease from a statistical viewpoint. Reprint State hospital quarterly, Feb. 1924, v. 9, p. 197–25. Also in American journal psychiatry, Jan. 1924, v. 3, p. 403–21.

Pollock, H. M. and E. M. Furbush. Prohibition and alcoholic mental disease. American review, March-April 1924, v. 2, p. 142–54.

Polon, Albert, M.D. Growth of psychotherapy, and the evolution of psychoanalysis. Mental hygiene, Jan. 1924, v. 8, p. 55–68.

Pratt, G. K., M.D. Education and interpretation: two essentials in a mental hygiene program. American journal psychiatry, Feb. 1924, v. 3, p. 463–74.

Prescott, D. A. Determination of anatomical age in school children and its relation to mental development. Cambridge, Harvard university press, 1923.

Purcell, Frances. Four months of training in psychiatric hospital nursing. Modern hospital, Feb. 1924, v. 22, p. 171–72.

Richards, E. L., M.D. Trail of mental hygiene in public health nursing. Public health nurse, Jan. 1924, v. 16, p. 11–19.

Richardson, J. M. Home conditions of one hundred defective children. Training school bulletin, Dec. 1923, v. 20, p. 113–20.

Richmond, Winifred. Children in the mental-hygiene clinic of St. Elizabeth's hospital. Mental hygiene, Jan. 1924, v. 8, p. 106–14.

Shellow, S. M. Memory and memory training. American review, Jan.-Feb. 1924, v. 2, p. 20–38.

Slagle, E. C. A year's development of occupational therapy in New York State hospital. Modern hospital, Jan. 1924, v. 22, p. 98, 100, 102, 104.

The small mental hospital: here are some suggestions regarding personnel and services of such a hospital. Hospital management, Feb. 1924, v. 17, p. 58–59.

Spaulding, E. R., M.D. Important emotional trends in childhood. N. Y. State journal medicine, Feb. 1924, v. 24, p. 251–55.

Stalnaker, E. M. Comparison of certain mental and physical measurements of school children and college students, II. Journal comparative psychology, Dec. 1923, v. 3, p. 431–68.

Stearns, A. W., M.D. Detection of the psychopath and the classification of naval recruits in accordance with their intelligence. U. S. naval medical bulletin, Feb. 1924, v. 20, p. 149–69.

Steckel, H. A., M.D. and I. M Whitefield. Parole and after-care in a state hospital. Hospital social service, Feb. 1919, v. 9, p. 61–78.

Stern, Adolph, M.D. The psychoanalyst and his therapeutic objective. American medicine, Dec. 1923, v. 29, p. 839–48.

Stevens, H. W., M.D. Psychic aspect of industrial disability. Massachusetts Commission mental diseases, Bulletin, Jan. 1923, p. 3–8.

Taft, Jessie. Turn good intentions into channels of objective achievement. School life, Jan. 1924, v. 9, p. 113–14.

Taylor, Franklin. Lunacy laws and their enforcement. Medical times, Feb. 1924, v. 52, p. 39–41.

Taylor, G. R. Understanding and guidance of the problem child; purposes and progress of the Commonwealth Fund program for the prevention of delinquency. Child health magazine, Jan. 1924, v. 1, p. 19–21.

Terman, L. M. Mental test as a psychological method. Psychological review, March 1924, v. 31, p. 93-117.

Thom, D. A., M.D. Being a parent is the biggest job on earth. Mental hygiene bulletin, March 1924, p. 1.

Thom, D. A., M.D. Does your child have temper tantrums? Mental hygiene bulletin, Jan. 1924, p. 1.

Thom, D. A., M.D. Do you wish your child would mind every time you speak? Mental hygiene bulletin, Feb. 1924, p. 1.

Thom, D. A., M.D. Mental problems of childhood. Massachusetts Commission mental diseases, Bulletin, Jan. 1923, p. 9–15.

Thurstone, L. L. Intelligence tests in the civil service; a discussion of fundamental principles in the development and application of intelligence tests. Journal of personnel research, March 1924, v. 2, p. 431–41.

Turner, F. D. Training and qualifications of nurses and attendants in certified institutions. Studies in mental inefficiency, Jan. 15, 1924, v. 5, p. 1–7.

Van Ophuijsen, J. H. W. Contributions to the masculinity complex in women. International journal psychoanalysis, Jan. 1924, v. 5, p. 39–49.

Wallace, Dorothy. Problem of the quasi-delinquent in the school. Mental hygiene, Jan. 1924, v. 8, p. 115–65.

Walsh, E. A. Problem of the neurotic child in the public schools. Ungraded, Jan. 1924, v. 9, p. 75–79.

Warner, S. B. Picking parole successes. American journal psychiatry, Oct. 1923, v. 3, p. 273–83.

Washburn, M. F. Questionary study of certain national differences in emotional traits. Journal comparative psychology, Dec. 1923, v. 3, p. 413–30.

Watson, H. F. Some aspects of mental deficiency. Nursing times, Jan. 5, 1924, v. 20, p. 5–6 (to be concl.).

Weatherley, L. A. National council for mental hygiene. British medical journal, Feb. 2, 1924, p. 215–16.

Wells, F. L. Pleasure and behavior. N. Y., Appleton, 1924. 290 p.

Wells, F. L. and H. A. A. Martin. Method of memory examination suitable for psychotic cases. American journal psychiatry, Oct. 1923, v. 3, p. 243–57.

Wembridge, E. R. Development battalion. Mental hygiene, Jan. 1924, v. 8, p. 20–25.

Wender, Louis, M.D. Types of psychoses prevalent on the Isthmus of Panama. American journal psychiatry, Oct. 1923, v. 3, p. 259–72.

White, W. A., M.D. New Saint Elizabeth's hospital. American journal psychiatry, Feb. 1924, v. 3, p. 503–13.

Wile, I. S., M.D. Children and this clumsy world. The Survey, Feb. 1, 1924, v. 51, p. 471–77, 486–87.

Wilgus, S. D., M.D. Centralized control vs. local control of state hospitals. American journal psychiatry, Feb. 1924, v. 3, p. 545–53.

Williams, F. E., M.D. Advances in mental hygiene in 1923. Modern hospital, Jan. 1924, v. 22, p. 41–43.

Williams, T. A., M.D. Besetting and other morbid fears. N. Y. state journal medicine, Feb. 8, 1924, v. 24, p. 109–12.

Williams, T. A., M.D. Rehabilitation of young women. Virginia medical monthly, Feb. 1924, v. 50, p. 737–42.

Woolley, H. T. Overcoming contrariness and fears in children. Hygeia, March 1924, v. 2, p. 164–69.

Wright, J. T., M.D. Mental hygiene. Atlantic medical journal, Feb. 1924, v. 27, p. 294–97.

Yellowlees, Henry, M.D. Manual of psychotherapy for practitioners and students. London, Black, 1923. 248 p.

Zinn, E. F. History, purpose and policy of the National research council's committee for research on sex problems. Mental hygiene, Jan. 1924, v. 8, p. 94–105.

DIRECTORY OF COMMITTEES AND SOCIETIES FOR MENTAL HYGIENE

National Organizations

The National Committee for Mental Hygiene, Inc.
370 Seventh Avenue, New York City
Dr. Frankwood E. Williams, Medical Director
Dr. V. V. Anderson, Director, Division on Prevention of Delinquency
Dr. Thomas H. Haines, Director, Division on Mental Deficiency
Edith M. Furbush, Director, Department of Information and Statistics
Dr. Clarence J. D'Alton, Executive Assistant
Clifford W. Beers, Secretary

The Canadian National Committee for Mental Hygiene
102 College Street, Toronto, Canada
Dr. C. M. Hincks, Acting Medical Director and Secretary
Dr. Gordon S. Mundie, Associate Medical Director
Dr. Eric Kent Clarke, Associate Medical Director
Dr. J. G. McKay, Associate Medical Director

State Organizations

Alabama Society for Mental Hygiene
Dr. W. D. Partlow, Secretary, Tuscaloosa, Alabama

California Society for Mental Hygiene
Miss Julia George, Secretary
1136 Eddy Street, San Francisco, Cal.

Connecticut Society for Mental Hygiene
Dr. O. G. Wiedman, Medical Director
179 Allyn Street, Hartford, Conn.
Mrs. Helen M. Ireland, Secretary
39 Church Street, New Haven, Conn.

District of Columbia Society for Mental Hygiene
Dr. D. Percy Hickling, Secretary
1304 Rhode Island Avenue, Washington, D. C.

Georgia Society for Mental Hygiene
Burr Blackburn, Secretary
62½ No. Forsythe Street, Atlanta, Ga.

Illinois Society for Mental Hygiene
308 N. Michigan Avenue, Chicago, Ill.
Dr. H. Douglas Singer, Acting Medical Director

Indiana Society for Mental Hygiene
Paul L. Kirby, Secretary
88 Baldwin Block, Indianapolis, Ind.

Iowa Society for Mental Hygiene
(Not yet active.)

Kansas Society for Mental Hygiene
John Stone, Exec. Secretary
Topeka, Kansas

Louisiana Society for Mental Hygiene
Dr. Maud Loeber, Secretary
3501 Prytania Street, New Orleans, La.

Mental Hygiene Society of Maryland
31 So. Calvert Street, Baltimore, Md.
Dr. Chas. B. Thompson, Exec. Secretary

Massachusetts Society for Mental Hygiene
5 Joy Street, Boston, Mass.
Dr. George K. Pratt, Medical Director

Maine Society for Mental Hygiene
In process of organization. Address Dr. F. C. Tyson, Augusta, Maine

Mississippi Society for Mental Hygiene
Dr. J. H. Fox, Secretary
Jackson, Mississippi

Missouri Society for Mental Hygiene
Dr. James F. McFadden, Secretary
Humboldt Building, St. Louis, Mo.

Committee on Mental Hygiene of the New York State Charities Aid Association
105 East 22d Street, New York City
George A. Hastings, Exec. Secretary

North Carolina Society for Mental Hygiene
Dr. Albert Anderson, Secretary
Raleigh, N. C.

Oregon Society for Mental Hygiene
Dr. J. B. Wise, President
Portland, Oregon

Mental Hygiene Division of the Public Charities Association of Pennsylvania
311 South Juniper Street, Philadelphia, Pa.
Dr. A. J. Ostheimer, Medical Director

Rhode Island Society for Mental Hygiene
Miss Mary C. Greene, Secretary
Miss Esther F. Greene, Exec. Secretary
118 No. Main Street, Providence, R. I.

Tennessee Society for Mental Hygiene
C. C. Menzler, Secretary
Nashville, Tenn.

Virginia Society for Mental Hygiene
Dr. William F. Drewry
Petersburg, Virginia

Members and Directors

of

THE NATIONAL COMMITTEE FOR MENTAL HYGIENE, INC.

(Directors indicated by asterisks before their names.)

Mrs. Milo M. Acker, Hornell, N. Y.
Jane Addams, Chicago
Dr. Herman M. Adler, Chicago
*Edwin A. Alderman, Charlottesville, Va.
*James L. Alexander, Elizabeth, N. J.
*Frederic W. Allen, New York
Dr. George S. Amsden, Albany
James R. Angell, New Haven
Harriet Bailey, Bangor, Me.
*Otto T. Bannard, New York
*Dr. Lewellys F. Barker, Baltimore
Dr. Albert M. Barrett, Ann Arbor, Mich.
David P. Barrows, Berkeley, Cal.
Dr. Clara Barrus, Roxbury, N. Y.
Dr. Charles Bernstein, Rome, N. Y.
*Dr. Frank Billings, Chicago
*Dr. Robert H. Bishop, Cleveland
Dr. Malcolm A. Bliss, St. Louis
Dr. Rupert Blue, Washington
*Dr. George Blumer, New Haven
Dr. George Alder Blumer, Providence
Dr. Earl D. Bond, Philadelphia
Dr. Eugene D. Bondurant, Mobile, Ala.
Dr. L. Vernon Briggs, Boston
Carl C. Brigham, Princeton
Dr. A. A. Brill, New York
*Dr. Samuel A. Brown, New York
Dr. Sanger Brown, II, New York
Dr. Edward N. Brush, Baltimore
William H. Burnham, Worcester
Nicholas Murray Butler, New York
*Dr. C. Macfie Campbell, Boston
John J. Carty, New York
Dr. Louis Casamajor, New York
Elizabeth M. Chace, Providence
F. Stuart Chapin, Minneapolis
*Russell H. Chittenden, New Haven
Dr. Edmund A. Christian, Pontiac, Mich.
*Dr. L. Pierce Clark, New York
*Dr. William B. Coley, New York
*Dr. Owen Copp, Philadelphia
Dr. George W. Crile, Cleveland
Nelson Cunliff, St. Louis
Dr. Harvey Cushing, Boston
*Dr. Charles L. Dana, New York
*C. B. Davenport, Cold Spring Harbor
Maurice R. Davie, New Haven
Dr. George Donohoe, Cherokee, Iowa
*Stephen P. Duggan, New York
Mrs. William F. Dummer, Chicago
Dr. David L. Edsall, Boston
*Charles W. Eliot, Cambridge
*Dr. Charles P. Emerson, Indianapolis
*Dr. Haven Emerson, New York
Dr. Livingston Farrand, Ithaca
Elizabeth E. Farrell, New York
W. H. P. Faunce, Providence
Katherine S. Felton, San Francisco
*Dr. Walter E. Fernald, Waverley, Mass.
John H. Finley, New York
Dr. J. M. T. Finney, Baltimore
Irving Fisher, New Haven
*Matthew C. Fleming, New York
*Homer Folks, New York
Raymond B. Fosdick, New York
Lee K. Frankel, New York
Dr. Charles H. Frazier, Philadelphia
Francis D. Gallatin, New York
*Dr. Arnold L. Gesell, New Haven
Dr. Bernard Glueck, New York
Dr. J. E. Goldthwait, Boston
Dr. S. S. Goldwater, New York
Dr. Menas S. Gregory, New York
Arthur T. Hadley, New Haven
Melvin Everett Haggerty, Minneapolis
Dr. Arthur S. Hamilton, Minneapolis
Learned Hand, New York
Mrs. E. Henry Harriman, New York
*Dr. C. Floyd Haviland, Albany
Dr. Harley A. Haynes, Lapeer, Mich.
Dr. William Healy, Boston
Dr. Arthur P. Herring, Baltimore
Frederick C. Hicks, Cincinnati
Charles W. Hoffman, Cincinnati
*William J. Hoggson, Greenwich, Conn.
Franklin C. Hoyt, New York
Dr. Frank F. Hutchins, Indianapolis
Surg. Gen. M. W. Ireland, Washington
Henry James, New York
*Dr. Walter B. James, New York
Mrs. Helen Hartley Jenkins, New York
Charles H. Judd, Chicago
Harry Pratt Judson, Chicago
Dr. Charles G. Kerley, New York
Everett Kimball, Northampton, Mass.
*Dr. George H. Kirby, New York
Franklin B. Kirkbride, New York
James H. Kirkland, Nashville
Dr. George M. Kline, Boston
Dr. Augustus S. Knight, Gladstone, N. J.

Dr. Charles I. Lambert, New York
Julia C. Lathrop, Rockford, Ill.
Burdette G. Lewis, Trenton, N. J.
Adolph Lewisohn, New York
Sam A. Lewisohn, New York
Ernest H. Lindley, Lawrence, Kansas
*Samuel McCune Lindsay, New York
Dr. Charles S. Little, Thiells, N. Y.
Dr. William F. Lorenz, Madison, Wis.
Emma O. Lundberg, Washington
Tracy W. McGregor, Detroit
George P. McLean, Simsbury, Conn.
Henry N. MacCracken, Poughkeepsie, N. Y.
Dr. Carlos F. MacDonald, New York
V. Everit Macy, Scarborough, N. Y.
Richard I. Manning, Columbia, S. C.
Marcus M. Marks, New York
Maude E. Miner, New York
Dr. Henry W. Mitchell, Warren, Pa.
Dr. George A. Moleen, Denver
Mrs. William S. Monroe, Chicago
Dwight W. Morrow, Englewood, N. J.
Dr. J. M. Murdoch, Polk, Pa.
J. Prentice Murphy, Philadelphia
Dr. Abraham Myerson, Boston
William A. Neilson, Northampton, Mass.
Dr. Frank P. Norbury, Springfield, Ill.
Dr. Samuel T. Orton, Iowa City
William Church Osborn, New York
Harry V. Osborne, Newark, N. J.
Dr. Herman Ostrander, Kalamazoo, Mich.
Dr. William H. Park, New York
Herbert C. Parsons, Boston
*Dr. Stewart Paton, Princeton
Angelo Patri, New York
Dr. Hugh T. Patrick, Chicago
Dr. Frederick Peterson, New York
Henry Phipps, New York
Gifford Pinchot, Philadelphia
Roscoe Pound, Cambridge
Dr. Morton Prince, Boston
Rodney Procter, New York
Charles McAlpine Pyle, New York
Dr. M. P. Ravenel, Columbia, Mo.
Dr. Mortimer W. Rayner, New York
Rush Rhees, Rochester, N. Y.
Dr. Robert L. Richards, San Francisco, Cal.
Dr. Austen F. Riggs, Stockbridge, Mass.
Dr. Milton J. Rosenau, Boston
Ira C. Rothgerber, Denver
*Dr. Arthur H. Ruggles, Providence
*Mrs. Charles C. Rumsey, Wheatley Hills
*Dr. William L. Russell, White Plains
*Dr. Bernard Sachs, New York
*Dr. Thomas W. Salmon, New York
Dr. William C. Sandy, Harrisburg
Jacob Gould Schurman, Ithaca
Dr. Sidney I. Schwab, St. Louis
Carl E. Seashore, Iowa City
Dr. Frederick C. Shattuck, Boston
Edward W. Sheldon, New York
Dr. H. Douglas Singer, Chicago
Dr. Harry C. Solomon, Boston
Dr. Edith R. Spaulding, New York
Dr. M. Allen Starr, New York
Dr. A. Warren Stearns, Boston
Dr. Henry R. Stedman, Boston
*Anson Phelps Stokes, Lenox, Mass.
Dr. Charles F. Stokes, New York
Graham R. Taylor, New York
Dr. Douglas A. Thom, Boston
Dr. Frederick Tilney, New York
Dr. Walter Timme, New York
Arthur W. Towne, New York
*Howard B. Tuttle, Naugatuck, Conn.
*Victor Morris Tyler, New Haven
Dr. Forrest C. Tyson, Augusta, Me.
*Mrs. William K. Vanderbilt, New York
Henry van Dyke, Princeton
Dr. Henry P. Walcott, Cambridge
Lillian D. Wald, New York
Dr. George L. Wallace, Wrentham, Mass.
Clarence Warden, Philadelphia
I. Vernon Weisbrod, New York
*Dr. William H. Welch, Baltimore
*Dr. William A. White, Washington
Dr. Ray Lyman Wilbur, Stanford, Cal.
Dr. Henry Smith Williams, New York
Dr. William H. Wilmer, Washington
Dr. C.-E. A. Winslow, New Haven
Dr. Milton C. Winternitz, New Haven
Arthur Woods, New York
Robert A. Woods, Boston
Mrs. Helen Woolley, Detroit
Howell Wright, Cleveland
*Robert M. Yerkes, Washington
Dr. Edwin G. Zabriskie, New York

OCCUPATIONAL PAVILION FOR MEN, BLOOMINGDALE HOSPITAL, WHITE PLAINS, NEW YORK

MENTAL HYGIENE

VOL. VIII JULY, 1924 No. 3

CONSTRUCTIVE POSSIBILITIES OF A MENTAL HYGIENE OF CHILDHOOD*

BERNARD GLUECK, M.D.

Former Director, Bureau of Children's Guidance and Mental Hygiene Department, New York School of Social Work

THE unprecedented interest in child health, and child welfare generally, that we see all about us undoubtedly reflects a growing refinement of the public conscience with respect to these matters. Only last spring, in his presidential address before the American Pediatric Society, the late Dr. Holt reminded his colleagues that a quarter of a century ago there were not half a dozen children's specialists in the country. No medical school had a department of pediatrics, no laboratory was ready to investigate pediatric problems except diphtheria. There were no milk stations, no baby health stations, no state or municipal departments of child hygiene, no public-health nurses. In many respects the vision and high purposes of educators and public-welfare workers paved the way for a more intensive preoccupation on the part of the physician with the problems of childhood, and the fine coöperation that is being built up between workers in the fields of child health, child education, and child welfare is a very encouraging sign of the times.

It is also being quite generally recognized that the vitality and constructiveness of any movement in these directions depend a good deal on the extent to which the community is willing to be guided by the facts and principles which are

* Read before the All-Philadelphia Conference on Social Work, April 11, 1924.

being evolved out of the sciences that deal with the constitution and behavior of man in his individual and social relations. This is, of course, reflected particularly in those enterprises in the field of childhood which have as a primary objective the physical health and development of the individual. Here one after another of the obstacles to normal, healthy growth are being discovered and attacked, and numerous concrete examples are to be seen all about us of the extreme worth-whileness of a wide application of the principles of hygiene and preventive medicine.

Unfortunately, the available scientific criteria for the direction and management of the mental life of the child are not nearly so numerous or so well tried. In speaking of the mental life of the child, I do not wish to imply, of course, that the thing we call mentality or character or personality is a thing apart from the physical make-up of the individual and does not share in the benefits of a better physique. But we do know that the dictum "a sound mind in a sound body" is only partially true, and that the direction of the human mind and of the human personality cannot be adequately achieved through attention to man's physical well-being alone.

This conclusion is inescapable when we review the history of man's labors in an endeavor to understand the real essence of man.

Take, for instance, the science of mental pathology, a science that has contributed perhaps more than any other to the clarification of the problem of mind. Leaving aside the various speculations of the ancients with respect to the nature and cause of mental disease, the advent and refinement of the biological and physical sciences brought it about that the main scientific preoccupation in this field has been with the search for changes in the structure of the brain and nervous system that might account for the symptoms of those suffering from mental disorder. Gradually one after another of the types of insanity ordinarily met with could be accounted for on this basis, with the practical result that certain deleterious poisons, such as alcohol, habit-forming drugs, syphilis, and various physical injuries to the brain, were recognized as being capable of producing mental disorders, and this in turn led to efforts that promise considerable amelioration of the problems of insanity.

But it was also found that, notwithstanding the marked refinement in the scientific procedure of the pathological laboratory, there remained a number of patients—in fact, by far the largest number of those met with in hospitals for the insane and in the consultation room of the physician, not counting the thousands upon thousands of maladjusted individuals whose unhappy, ineffective, and antisocial lives are not ordinarily indentified with the problem of mental disorder—whose troubles could not be accounted for on the basis of a change in the structure of the brain. A careful study of the life careers of these maladjusted and sick people, of the environmental setting in which they grew up and lived, of the special stresses and strains that they encountered in their efforts to adjust to the demands of life, and of those critical points in their lives which were associated with the onset of their troubles, leads to the growing conviction that purely psychological and social factors have the power to cause these difficulties.

There came to light, as a result of these researches, various more or less dependable cause-and-effect relationships between the phenomena of life, as commonly encountered in connection with the aspirations and pursuits of man, and those failures of adaptation which in time come to constitute a disordered mind. Mental disorder, difficulties of the personality, and aberrations of behavior came to be recognized more and more as merely the expressions of serious difficulties in adaptation to the requirements of life, the precise causes for which are to be sought not solely in the pathological laboratory, but also in the laboratory of life, in the home and the school and the broader social setting in which the individual works out his love life and his bread life.

These are problems that cannot be adequately met through attention to man's physical equipment alone; they deal with issues that have broad psychological and social implications. As we have indicated above, it is unfortunate that thus far this broader insight into the nature and causes of personality and behavior difficulties has not led, to any great extent, to a formulation of principles that would be of practical utility in the shaping and directing of the human personality, and many of the problems in this field of a practical and dependable hygiene of the mind still await solution. For it must be remembered that a true and broad conception of a hygiene of the mind goes beyond mere questions of the presence or absence of definite mental disease or defect. It concerns itself with the individual's happiness, his efficiency, his degree of maturity and social-mindedness, his aims and purposes in life and the methods he employs in the pursuit of them, and—which is of extremely practical importance—the degree of smoothness and freedom from conflict that characterizes his adaptation to daily life.

Nevertheless, there is very likely available more dependable knowledge than is being actually utilized, particularly by those who have the rearing and education of childhood in hand, the parent and the teacher—enough dependable information, at any rate, to justify the principle upon which are based the central purpose and the outstanding hope of many of the most far-reaching enterprises in child welfare—the principle, namely, that the destiny of the individual is determined very largely by those experiences that come to him during the very early years of life.

It is largely our faith in the correctness of this principle that underlies the widespread belief that the most substantial promise for the alleviation of the misery, unhappiness, and failure of adult life lies in a more intelligent management of childhood life. It is this faith also that is leading to a reinterpretation of the task of education. Education, in the eyes of the progressive educator, has for its central objective the preparation of the individual for the art and business of living—a task, clearly, that must have at its service more than the traditional content and technique of education. For the business of living is not determined solely, or even largely, by the extent of formal knowledge that an individual has at his disposal, but more particularly by his habits of performance, by the manner in which he utilizes his energies and assets, by his attitudes, preferences, and aversions, and by his degree of adaptability to the problem of desire and satisfaction. We shall see later that many of the qualities that are considered indispensable for a healthy and efficient adaptation to life are embraced in what we ordinarily associate with the characteristics of a mature human being, and in the last analysis education has for its objective the guiding of the growing individual to a healthy maturity.

As is the case in other branches of science, progress in the understanding of child life, and in the technique for a deliberate guidance of the individual's development, does not rest solely upon the discovery of new facts, but also upon the willingness, when the facts warrant such procedure, to modify certain notions previously held. Of the many deeply ingrained notions that have stood in the way of progress in our field are the notion of the immodifiability of human nature, of the rigidity of the limitations that heredity places upon individual capacity and development, and the notion that human motivation is always a deliberate, conscious, and intellectually determined phenomenon.

We will take up these points briefly and see what their implications are and how necessary it is for a practical hygiene of the mind to modify our views with respect to them.

The books that have been written on the nature of man are legion. Of late years, particularly, the bulk of psychological discussion and controversy has centered about the problem of instinct in human behavior. But whether one agrees with those who champion the theory of the purposive character of man's original nature—that is, the theory that man is endowed at birth with a variety of instincts which determine his strivings and pursuits—or whether one leans toward a more or less purely mechanistic conception of man, according to which stimulus-and-response situations control and determine human action, these theoretical discussions have only a remote bearing upon the practical issues that confront us in the field of mental hygiene. I mean to say that that phase of the original nature of man which absorbs so much of the theoretical discussion of the biologist and psychologist—even if it could be defined more clearly than we have succeeded in defining it up to the present—is not expressive of the actual man as we see him in his individual and social relations. What we have to deal with in the men and women before us—and this applies also to children of a very tender age—is already a manifold and complex modification of whatever was originally characteristic of them. It is precisely the plasticity and modifiability of human nature and its responsiveness to environmental stimuli from the very beginning of life that make possible human life and progress in its individual and social relations.

My personal leanings are decidedly in the direction of a purposive interpretation of human nature, but I do feel that full justice can be done to this view of man by thinking of his original endowments as something in the nature of general dispositions subserving primarily his self-preservative and race-propagative purposes. It is immaterial how many specific instincts underlie these purposes, but it is important to realize that in their original nature they are but crude and unrefined biological hungers and needs, and quite unfamiliar to us in their crude form in the everyday life of man and woman. We can readily visualize what would happen to you or me if we attempted to pursue and gratify these original impulses without regard to the rules of the game of life as determined by man's social environment. When we speak of adaptation to the demands of life, we speak of those adaptations which are called forth by man's physical and social environment, even though we remember that the purely organic needs of the personality enter into the problem of adaptation. But these organic needs, in order to gain satisfaction in the life of man, must somehow be transformed into "human values". Man, the everyday man, such as one meets and deals with in everyday human intercourse, is not a bundle of instincts or a mere aggregation of vital organs and functions. A new quality emerges from this anatomical, physiological, and psychological synthesis, which quality we designate the human personality, with objectives, purposes, and aspirations of its own. For the understanding and control of this integrated human personality there is needed more than mere insight into the various forms of organic response, such as the tropism, reflex, and instinct. The complaints of the maladjusted and unhappy human being commonly reflect something in the nature of a "balked disposition" or a "frustrated desire", but they are complaints in terms of human experience and not simply expressive of a reflex or an instinctive mechanism.

Now it is the refinement and socialization of these crude instinctive determinants of human nature and human behavior, their transformation into human values, into human purposes, and the harnessing of them to socially acceptable ways of adaptation, that we have in mind when we speak of the modifiability of human nature. And we wish to assert that the daily experience of the physician in the clinic and consultation room justifies the hope that this important and eminently practical task of humanizing and socializing and consciously directing man's crude instinctive dispositions can be achieved to a much greater extent than is commonly appreciated. The mental-hygiene problem of any community or school or home is the problem of deliberately providing opportunities and means for a more conscious, intelligent direction of the child's development. We stress the opportunities and needs connected with child life—and of course we have not in mind exclusively the maladjusted child—because much of the process of humanizing man's instinctive disposition takes place normally during the period of childhood.

Moreover, the child, more than the adult, is subject to direct and continuous influences from his environment over which he has little or no control, and naturally depends for much of his training and guidance upon imitation of the attitude and behavior of the adults who surround him. But the importance of environment for the life of the child is not exhausted by the circumstance that it furnishes so much of the child's daily stimulus and pattern for behavior. Its importance is enhanced by the fact that childhood imposes serious limitations upon outlet and response to the situations and problems created for the child by his environment.

This important feature of child life is not ordinarily stressed enough in discussions of the subject. Individuation being only relatively developed, the child has but very few channels for the realization of the self, and for outlets of a kind that might provide an opportunity for the enhancement of the self. If the grown-up individual fails as a husband, he can find compensation in success as a business man, or in being a jolly good fellow, or what not. The fact is that adulthood offers much greater variety of outlets than does childhood. If a child fails as a pupil or as an obedient son or daughter, there is hardly an avenue left through which he may find the compensatory stimulus of success, unless it be as a successful rebel or dodger. Indeed, many of the behavior difficulties of childhood can be explained on this basis to a very large extent.

Let us turn now to a brief consideration of the second hampering notion to which we referred above—the notion, namely, of the rigidity of the limitations upon capacity and development imposed by heredity.

That children tend in a general way to resemble their parents and other ancestors, and that certain defects and disorders and even traits of personality tend to be transmitted to offspring, is a matter of common observation. Personality and conduct are always the result of varying combinations of inherited disposition and life experience. The inherited or inner factors can never be ignored in any attempt to estimate a given situation in human behavior. But until more dependable proof is available concerning the mechanism of distribution and transmission of the carriers of human traits, predictability as to the personality and behavior of a given individual on the basis of his heredity is bound to be very uncertain and deceptive. In fact, according to Professor Jennings, one of the most eminent biologists of our day, research in the field of heredity has brought us to the point where we are justified in the belief that we can never know precisely what kind of person the offspring of any two parents is likely to be. This naturally does not apply to those cases of clear-cut germ-plasm degeneration with which we are familiar among the feebleminded and constitutionally insane.

Reference to this subject was not promoted, however, by the problems of the clearly feebleminded and insane. Considerable mischief can be done to childhood through an unwarranted emphasis upon the hereditary burden that might be present if one ignores the caution which our limited knowledge of the subject calls for. When a parent or a teacher sees in the behavior of a child merely the reflection of something that was characteristic of some one or more of his ancestors, the immediate, determining factors are apt to be ignored; the problem is then apt to be viewed as a problem in predestination, which commonly leads to attitudes of despair and failure instead of to a calm and common-sense endeavor to correct the situation. Moreover, the attitude of the anxious parent or exasperated teacher is bound to add its deleterious effects upon the personality of the child to whatever factors may be present already.

On the other hand, the ultimate determination of how much of a success or how much of a failure a given hereditarily burdened individual is apt to be in the game of life depends upon a great many factors other than his heredity.

The point I wish to make is that a sound mental-hygiene attitude and program must be based upon a common-sense and judicious view of the problem of heredity, and must not permit itself to be carried off its feet by some of the unwarranted conclusions of the fringe of fanaticism that surrounds the eugenic movement.

A complete exposition of the importance for our field of the third hampering notion to which we have referred would lead us considerably beyond the limits of the present opportunity. The emphasis upon the unconscious motivation of human behavior is probably the most significant contribution of modern science and makes possible a much clearer orientation with respect to the entire problem of the child's relation to his parents and teachers. Once we accept the fact that behavior and attitude are not always, or even very commonly, the results of conscious deliberation, we are more apt to be sympathetic and constructive in our dealings with the parent and the teacher who seem to be bent upon thwarting our efforts in connection with the problem child.

We are also apt to understand why it is so difficult for people to maintain the necessary degree of objectivity in connection with the problems that arise out of human intercourse, why it is that so commonly we endow the facts of our daily lives with the qualities which suit our particular bias and prejudice. The motives back of a teacher's or parent's attitude or conduct toward a child may be entirely hidden from them, and may spring from sources identical with those that determine the very conduct they are trying to correct in the child.

It is not ordinarily the parent's or teacher's adulthood that renders difficult his management of the child; it is rather the infantile and childish elements in his own make-up that are responsible for the difficulty. Moreover, the more closely the difficulties of managing a child are related to attributes in the adult of which he is ashamed as an adult, the more obscure is his vision likely to be with respect to these attributes. This is the reason for our difficulties in conveying to the adults immediately concerned with the child in question the kind of understanding of his problems that seems to be essential for their proper solution.

This brings us to what is probably the central point of departure in dealing with any phase of the mental-hygiene problems of childhood—namely, that one is commonly obliged to deal with situations, with settings, in which all sorts of persons and all sorts of factors play an important rôle in addition to the rôle played by the child himself.

Viewing the problem in this manner need not obscure for us for one instant the ultimate goal of any deliberate undertaking in the direction of a better mental hygiene of childhood. This goal is obviously the assurance of a healthy personality development, of the attainment of a normal adulthood. It is not easy to define precisely what constitutes normal adulthood, but significant suggestions with respect to this concept have come to us from the side of psychoanalytic psychology. Speaking from this point of view, the concept of normal adulthood is expressed by one author in terms of "an expedient distribution" of the life energy, the life interest, or what is spoken of psychoanalytically as the libido.[1] In a normal individual, this life interest and energy would be apportioned in a nice balance to the various aspects of the personality. Firstly, his "ego", or the core of his personality, would correspond to the cultural level of his social environment, through having cultivated the prevalent standards of morality, shame, aversion, conscience, sense of reality, judgment, logic, and the like. Secondly, a certain amount of this life interest and energy would be directed towards a variety of sublimated activities, such as love for and interest in one's work, active association with one's fellows, an impulse for service, love of nature, of artistic, scientific, and religious pursuits, and devotion to family, group, or national interests. The normal adult will in addition be capable of directing a certain amount of this energy and life interest to heterosexual relationships with a person consistent with the cultural level of his own ego and self-esteem.

---

[1] See "General Theory of the Neuroses", by Albert Polon, M.D. *New York Medical Journal and Medical Record*, Vol. 118, August 15, 1923, p. 207.

In his development from infancy to adulthood the various intermediatry states will have been passed smoothly without undue fixations or arrests of development, so as to insure against regressions to more or less immature modes of behavior. The normal individual will also be free from any marked organic defect that might interfere with adequate and frictionless adaptation. His life energy and interest will be taken up by pursuits that meet the needs of his social environment without coming into serious conflict with his personal trends.

We need not be unduly discouraged because this ideal type of mature adulthood is still a relatively rare phenomenon in present-day society. It should serve as a vital stimulus to all socially minded people that we are discovering more and more of the obstacles in the way of the development of this type of individual, and that a growing refinement of the technique for the eradication of some of them at least is taking place. Further encouragement is to be found in the fact that the conception of the mental-hygiene movement is receiving a significant redefinition in that the emphasis is being shifted from a preoccupation with amelioration and cure to a lively interest in prevention through attention to child life.

We will have opportunity here to speak of only a few of the common obstacles to healthy personality development. These relate to the child's problem of adjusting himself to the authority-dependency situations that confront every growing individual; to the problem of the healthy management of his affective or love relationships; and to the problem of adaptation to unattainable desire. We have selected for consideration these few points because in our experience a great many, if not most, of the troubles of mankind are related to an unhealthy management of these problems. Let us take up the last point first.

One need not be a trained psychologist to appreciate how largely human activity is taken up with the cultivation of desires of one sort or another and with efforts to gratify them. The infant, being relatively but little aware of its environment, solves its simple problems of desire by reactions that tend to immediate gratification. When hungry, it howls for food; when sleepy, it forthwith proceeds to sleep; when desirous of relief from bladder or bowel discomfort, it simply relieves itself, irrespective of the conditions of its environment.

As a result of training, and with the greater capacity for appreciating the qualities of its surroundings that comes with growth, the child learns to adjust itself to the simple rules that govern the satisfaction of even these fairly crude and direct needs. It learns to meet the problem of the proper time and place for things, and by the time it has reached the age of four, it has become aware in many respects of the scrutiny and criticism of the adults in its environment.

But as integration of the personality proceeds, the child comes face to face with a more difficult problem—the problem, namely, of a more indefinite postponement of the gratification of desire or of the necessity even for the total abandonment of a desire because of its non-attainability. As life proceeds, these balkings and frustrations of desire increase in frequency, the sacrifices in personal comfort and happiness become keener, and it becomes of utmost importance for the welfare of the individual that he cultivate healthy methods of adaptation to these problems.

The human infant comes into life with a pretty well-constructed machinery for the functions of life. Like other living beings, it is endowed by nature with certain dispositions to action, but more than any other living being it has to learn the technique for the proper use of its machinery. This knowledge comes to the developing child through imitation, deliberate or unwitting suggestion from its environment, precept, formal training, and experience. It is of great importance, therefore, that the growing child be not exposed to unhealthy ways of adaptation to the problem of desire on the part of the adults in its environment. What are some of these unhealthy ways of adaptation? A commonly met with bad method of adaptation to this problem is seen in the parent who shows in his attitude, mood, and behavior the characteristics of the disappointed individual. Life being as it is, there is plenty of occasion for children to be exposed to a repeated exhibition of the sighs and regrets, the worries and anxieties, that come in the wake of balked or frustrated desire. A positive principle of mental hygiene, and one that parents ought to cultivate deliberately, is the maintenance, as far as possible, of a cheerful and philosophic attitude in the face of such defeats.

By a philosophic attitude I do not mean the sour-grapes variety of adaptation to unattainable desire. The sour-grapes attitude is a common form of self-deception, technically known as rationalization, and as Wells puts it, one cannot be true to oneself if one is true to one's rationalizations.

Another extremely unhealthy way of dealing with frustrated or unattainable desire is the seeking of satisfaction through the mere imagining of its attainment. The sport of building castles in the air is a thoroughly human practice, and it would be disastrous for progress to have man lose his capacity for it. Without the opportunity for relief through recourse to the imagination, life would become altogether unbearable for the growing child. Moreover, there is a positive value in the exercise of the imagination if it can be harnessed to constructive purposes. But there lurks a great danger in a too great cultivation of a capacity and trend for satisfaction through the mere imagining of a solution or a fulfillment. In its extreme form this adaptive mechanism is reflected in the delusions of the insane, and the tendency to an habitual escape from reality in this manner often foreshadows a serious mental disorder.

The sooner the growing individual learns that this necessity for acquiring the capacity for the postponement or total abandonment of the satisfaction of desire is one of the most important realities of life, the better it is for him, and one should aim, through one's attitude and behavior, to give the child ample opportunity for realizing that the healthiest way of meeting this problem is to face this fact squarely.

But one can go further than this in assisting the developing individual to a healthy management of the problem of desire. In the midst of our complex industrial civilization, where so much ingenuity and energy is being devoted to the ''creation of demands'', we should make a deliberate effort to train the young of the race to be able to differentiate between the spurious and the real in human values.

Moreover, the conscientious parent will avoid cultivating in his children ambitions and desires of a kind that are apt to create too wide a gap between aspiration and capacity for attainment, between the reach of the boy and his grasp. A prodigious amount of human unhappiness and maladjustment is due largely to the active pursuit of unattainable goals. It should not offend us too much to have it pointed out to us occasionally that many of our hopes for the careers of our children are by no means entirely altruistic. Frequently enough they reflect largely a desire to find in our children's pursuits and achievements compensation for our own failures and shortcomings.

Briefly, then, a very important aspect of any deliberate undertaking in the direction of a hygiene of the mind has to do with the proper management of the problem of human desire. The positive mental-hygiene principles that can be brought to bear upon man's manner of adaptation to this problem have to do, on the one hand, with the sensible, healthy ''conditioning of one's desires'', and on the other hand with the recognition of the fact that an important element in growth from infancy to maturity is the ability to postpone or to abandon completely the gratification of desire.

It would take us considerably beyond the scope of this paper to discuss to the required degree two important, but less obvious, phases of this problem. I have in mind the fact that in the last analysis all human desire and aspiration have their roots in the few organic cravings of the organism, and that the manner of sublimating or socializing these cravings stands in immediate relation to the broader problems of human desire; also, the fact that motivation and the determination of human aspirations are to a large extent unconscious processes.

When we turn to the problems that confront the child from the side of his need for adaptation to the numerous dependency-authority situations, we come again upon a very important phase of the mental life of the child. The process of growing up from childhood dependency to adulthood—a process that has as one of its important elements the acquisition, formally or otherwise, of the social heritage of the human race—is to a very large extent taken up with the problem of adjusting oneself to the ''guidance'' that comes from one or another of the authoritative sources surrounding the child. This essential component, however, of the growing-up process requires a type of management, on the part of the adults who have the care and training of the child in hand, that, recognizing as it must the need for guidance, is also aware at the same time of the dangers of over-guidance and of the fact that an essential element of ''maturity'' is a relative freedom from the need for guidance.

The obstacles to the child's healthy adjustment to the problem of authority have their roots in the child himself, as well as in the adults surrounding him. No child gives up willingly and without much personal discomfort the advantages of this period. The absolute security and satisfaction that the mother's love and tenderness bring to the infant, the more or less absolute control of the environment, as far as personal needs are concerned, through the mere exhibition of signs of discomfort, render this state extremely attractive to the individual, and he begins to experience the unpleasant features of a state of dependency only in connection with the attempts on the part of the adults in his environment to ''bring him up'', to ''educate him''. He is thus disposed innately to prolong this period as much as possible in spite of the requirements of growth and development, which demand a progressive giving up of this comfortable and effortless state and the gradual acquisition of the ability to stand upon one's own feet and to adjust one's desires to the facts of reality. On the part of the adult, the difficulty lies in the incorrigible tendency of human nature to find a means for the expansion of the ''ego'' in the exercise of authority over others. We are ordinarily blind to the excellent opportunities for this indulgence that lie close at hand in connection with the constant need for the control of ourselves. Where it concerns parents, the situation is rendered still more difficult because of the tendency to make the most of the natural satisfaction which the loving care of a baby brings with it. Parents have been known to express themselves as ‘‘hating to see their children grow up’’. Especially is this apt to be the case with the parent who has an unusual need for this type of emotional indulgence because his life as an adult does not bring him the instinctive-emotional satisfactions of adulthood.

A mismanagement of this problem may lead to serious obstacles to a healthy personality development, since an essential element of mental health is a nice balance between the disposition to self-esteem and the tendency to self-abasement. Contact with an unintelligent exhibition of parental authority may and does hamper the individual in the attainment of this nice balance. The pathological deviations may be either in the nature of an oppressive sense of inferiority and a self-depreciating attitude in the face of one’s daily problems, or an ugly, overweening haughtiness of manner which frequently deteriorates into a tyrannical bullying of one’s associates or dependents. The over-reaction to an oppressive authoritativeness may also lead to a chronic state of rebellion and active antagonism to all forms of authority.

Apart from the intimate relation of these issues to the dependency-authority situation in child life, one’s sense of self is affected materially by one’s successes and failures in life. A great deal that is very pertinent to a mental hygiene of childhood could be written on this point. One need not have in mind in this connection those experiences of exceptionally successful achievement or of profound defect that, through their possibility of intensely dramatizing an event of life, may give a determining trend to the individual’s future for good or evil. I am referring particularly to the more commonplace experiences of success or failure, with their capacities for influencing the personality and behavior. Success is a tonic to personal morale, and the individual who in his development misses the opportunity for experiencing success in some direction commonly winds up suffering from an insult to his self-esteem that makes adequate adaptation difficult or impossible.

A constructive mental-hygiene program of childhood will include as an essential feature opportunities for every child in the community to experience success in some direction, and will pay heed to those conditions in the child’s play or work life that tend to expose him to repeated experiences of failure.

There is considerable virtue in the reiteration of the obvious fact that not all of us can be engineers and that the scheme of life requires that some of us be content with being merely oilers. I mean to say that frequently enough children are exposed unnecessarily to experiences of failure for no other reason than that their parents have ambitions for them that are quite beyond their capacity for attainment. One of the outstanding virtues of the contribution of psychometry lies in the opportunity it offers for a more precise definition of what a particular child is capable of doing, so that he may not be exposed to tasks that are beyond him. Unfortunately, in the actual organization of educational establishments, both public and private, sufficient heed is not being paid to this, and large numbers of dull normal children are being constantly put up against a rigid and inflexible curriculum which is bound to make for chronic failure and to call forth attitudes and notions that are quite destructive to the child affected. Any one who has studied the problem of origins in misconduct and criminalism knows what a significant rôle an unintelligent school system plays in cultivating bents in this direction.

Finally, there is the series of problems related to the child's affective or emotional life. It is obvious that no phase of that which we have discussed thus far is altogether free from its possible effect upon, or from an admixture of, the child's emotional life. What is not so obvious to most of us, and what is still denied by those psychologists who obtain their clues of child life exclusively from the highly artificial contact of the psychological laboratory, is the extremely important rôle that the child's sex life plays in his problem of adaptation.

In a certain very important sense a healthy maturity depends upon the successful weaning of oneself from the allurements of the intensely self-loving and self-centered nature of the infantile and childhood sexuality. It is the refinement and socialization of these early components of personality—their integration into a central impulse that is altruistic and creative instead of selfish and largely destructive in nature, their transformation from crude and direct and unlovely means for self-gratification into what has the capacity for becoming the noblest and most beautiful of human relations—that is involved in normal growth from infancy to adulthood. Fortunately, a great part of this refining process takes place spontaneously and to a very large extent unconsciously. But as one studies the failures in this sublimating process, one discovers again and again how parents and teachers and brothers and sisters may directly or indirectly hamper the normal evolution of this process. I have no intention of entering into any detailed exposition of the psychoanalytic views on this subject. Neither do I ask of you to accept these views as an indispensable basis for a practical mental hygiene of childhood. I merely want to bring to your attention the fact that very often the maladjusted child suffers under the central burden of an unhealthy emotional exploitation of him by a love-starved parent, or by an intensely jealous brother or sister, or by an over-prudish and pathologically sex-shy teacher. Also, that many of the adult neurotics and good-for-nothings and criminals reflect as a central problem of their unhealthy personality a maladjustment in the sexual sphere.

In the progressive integration of the personality, the love life of the individual constitutes the very core of the integrated whole, and colors to a very determining degree his main purposes in life. It is largely in accordance with the pattern of his childhood affective relationships that the individual shapes his love life and his attitude toward the problem of mating.

It is particularly in connection with this phase of the child's life that the destructive chronic feeling of guilt may be acquired, and the pity of it all is that this hampering attitude is often acquired in connection with trifling and wholly insignificant issues. Repeatedly we have had occasion to observe how the quite innocent and entirely natural childhood exhibitions of sex curiosity, interest, and overt expression tend to reactions on the part of grown-ups that make the youngster feel deeply ashamed and guilty and call forth the first inclination toward deception and subterfuge. Frequently a child's distressing shyness, angularity, and difficulty in making free and natural contacts with other children is found to have its roots in anxieties and perplexities in connection with some simple sex problem for the understanding of which he finds no opportunity in the home or in the school. The clearing up of this central perplexity, by the simple process of giving the child an opportunity to talk himself out in a sympathetic setting, often removes in short order the other unhealthy manifestations.

One cannot go into greater detail here regarding this important phase of child life, but were it possible to do so in the most comprehensive manner, one would come to the same practical conclusion—namely, that a constructive mental-hygiene program for childhood rests primarily upon a thoroughgoing honesty on the part of adults in their dealings with the child.

But to deal honestly with the children entrusted to their care implies a capacity and willingness on the part of parent and teacher to be honest with themselves. The parent who in his personal life violates the very principles which he champions in the bringing up of his children is apt to discover sooner or later that the respect and love of one's children can be held only when one earns it. The same thing is true of the teacher.

As I survey what I have said, I am impressed with the many important issues in this field which we were obliged to leave even unmentioned. In what I have said I have deliberately avoided technicalities because of a conviction that an important element in the effective application of a hygiene of the mind is to emphasize the fundamental simplicity of these matters.

The mental-hygiene movement is not an enterprise solely directed to the problem of insanity. It has as an important objective aside from this the rendering of human life broader and deeper and more full of meaning and worth as a supplement to general hygiene, which devotes itself so largely to the problems of the span of life.

Throughout this paper I have endeavored to indicate how important a rôle is played by the adults in the child's immediate environment in shaping his destiny and in determining his degree of fitness for the business of living. This implies a serious obligation as well as a fine privilege and opportunity for those of us who have the rearing and education of children in hand—opportunities and obligations of which the mental-hygiene movement is aiming to keep us aware.

A STUDY OF CERTAIN AUTO-EROTIC PRACTICES

BASED ON THE REPLIES OF 2,255 WOMEN TO QUESTIONNAIRES PREPARED BY THE BUREAU OF SOCIAL HYGIENE WITH THE ADVICE OF A COÖPERATIVE COMMITTEE

PART I

KATHARINE BEMENT DAVIS, Ph.D.
General Secretary, Bureau of Social Hygiene

A SURVEY of the literature of auto-erotism shows very little in the way of statistical study of masturbation among men and still less among women.

Havelock Ellis, in his *Studies in the Psychology of Sex,* says: "We find, indeed, that no attempts have been made to study auto-erotic phenomena, except as regards the group . . . collected under the term 'masturbation', while even here such attempts have been made among abnormal classes of people, or have been conducted in a manner scarcely likely to yield valuable results."

He quotes a number of opinions as to the extent of the practice among men and women, varying from Osker Berger, a German specialist, who places it at 99 per cent for both sexes, to that of an Italian writer who found that 23 per cent of men of the professional classes in North Italy masturbate about the time of puberty. No account was taken of those who begin later.

Moraglia made a study of 200 women of the lower class of Italy and found that 120, or 60 per cent, acknowledged that they masturbated.[1]

Horace W. Frink, addressing the International Conference of Women Physicians in 1919, quotes Ellis and Moll as to extent. He also mentions a Russian study which places the number at 60 per cent for the men. As to his own opinion, he says that his observation leads him to an estimate of about 90 per cent for all people, somewhat over for men and less for women.[1] "Masturbation in the female", he says, "is still a subject that has been very imperfectly studied. We know comparatively little about it."

---

[1] These estimates, with others, appear in the third revised and enlarged edition of Ellis' book, *Studies in the Psychology of Sex* (pp. 235 *et seq.*). Philadelphia: F. A. Davis Company, 1913.

Ellis, discussing the relative prevalence of masturbation as between men and women, gives as his own view the following: "After adolescence I think there can be no doubt that masturbation is more common in women than in men. Men have by this time mostly adopted some method of sexual gratification with the opposite sex; women are to a much larger extent shut out from such gratification." [2]

Forel believes that a smaller percentage of women than of men engage in the practice.[3]

The psychoanalysts base their conclusions chiefly on the case histories obtained in their own practice or that of their associates. The same is true of neurologists and genito-urinary specialists.[4]

Dr. W. F. Robie has written extensively on many matters pertaining to sex. In a chapter entitled *Statistical Inquiry* in his *Rational Sex Ethics*,[5] he states that he has in his possession the histories of 111 men and 47 women. Of the women 34 cases were obtained directly. Five hundred other cases, "mostly men and boys", he says, "have been reported to me in a general way by physicians, teachers, and others who knew the parties and advised many of them''.

---

[1] "Masturbation", by Horace W. Frink, M.D. Vol. V. *Proceedings of the International Conference of Women Physicians* (pp. 75 *et seq.*). New York: Young Women's Christian Association, 1920.

[2] Havelock Ellis, *loc. cit.*, p. 245.

[3] *The Sexual Question*, by August Forel, M.D., Ph.D., LL.D. English adaptation from the second German edition, revised and enlarged (p. 229). New York: The Rebman Company, 1908.

[4] For example, Dr. Max Hühner, in *A Practical Treatise on Disorders of the Sexual Function in Male and Female*, seventh edition (Philadelphia: F. A. Davis Company, 1920), deals in Chapter III with masturbation in the adult female. The etiology, pathology, diagnosis, and treatment of the condition are considered, but there is nowhere an indication of the number of cases that form the basis of the views expressed or of the class of women treated, beyond the fact that they were patients at the clinics of Mt. Sinai and Vanderbilt Hospitals.

[5] Boston: R. G. Badger, 1920.

Later on he says that approximately 150 additional people, ''the majority of whom were females'', gave him their sex histories. ''Neither male nor female has denied masturbation at some time, or some equivalent auto-erotic activity.'' He summarizes the views resulting from his studies of these case histories as follows: ''I am strongly of the opinion that some form of conscious or semiconscious auto-erotism is practiced by practically every male and by the vast majority of females.''[1]

The study made by Dr. Exner of college men[2] deals with the largest group of cases statistically handled that we have been able to discover. The questionnaire method was used in this study, and in all 948 sets of answers were secured. Of these 562 came from colleges of the Middle West and the Pacific Coast, and 386 from institutions in New York City.

Questions 6, 7, and 8 dealt with sexual practices. Question 7 asked the nature of the practice; 518 men of the Western group answered. Of these, 61.5 per cent admitted having practiced ''self-abuse''. In the New York group, 363 men answered the question, of whom only 34.7 per cent admitted the practice, although in both groups the replies were anonymous. Dr. Exner describes the differences in the method used in securing the data in the two groups, to which he ascribes the difference in results rather than ''to difference in the sex lives of Eastern and Western students''.

A more recent study is one made by Dr. Paul Strong Achilles under the auspices of the Committee on Evaluation of Social Hygiene Literature of the American Social Hygiene Association.[3] While the chief aim of the study is expressed in the title of the committee, certain data as to personal experiences were obtained which bear on our subject. We select for comparative purposes three of his groups. Group D consisted of 406 high-school boys in New York City. In anonymous questionnaires obtained from them, 349 replied to the question as to the age at beginning masturbation. One hundred and ninety-seven, or 56.4 per cent of those who replied, admitted having practiced it.

---

[1] *Rational Sex Ethics*, Chapter III, pp. 90-100.

[2] *Problems and Principles of Sex Education; a Study of 948 College Men*, by Max Joseph Exner, M.D. New York: Association Press, 1915. pp. 16-18.

[3] *The Effectiveness of Certain Social Hygiene Literature*, by Paul Strong Achilles, Ph.D. Published by the American Social Hygiene Association by agreement with the United States Interdepartmental Social Hygiene Board, 1923. p. 50.

Group A was a mixed group, the oldest in point of age of those approached. The subject was presented to 90 men. Seventy replies were received. Sixty of these, or 85.7 per cent, had practiced masturbation. The third group, B, included 108 men and 97 women. They were all students attending extension courses at Columbia University. Of the men, 39 replied to this question. Twenty-nine individuals, or 74.4 per cent of those who replied, had masturbated. Of the 31 women who replied, 14, or 45.2 per cent, admitted the practice.

No question was asked as to whether or not the practice had been discontinued.

No other statistical study of adult normal women in the United States has been discovered.

The most recent statistical study of men we have seen is that of Peck and Wells, of the Boston Psychopathic Hospital, on the psycho-sexuality of college men.[1] "The individuals discussed . . . constitute some three-quarters of a group of almost 250. So far as known, they were unselected from the total group." The method used was the anonymous questionnaire, following a talk on the subject in which the general objects of the investigation were explained.

Question 9 deals with masturbation. It is made up of two items concerning years of beginning and years of duration respectively. Nine per cent of the answers to the first item were unclassifiable as to age of beginning, 7 per cent failed to answer this item, and 7 per cent denied the practice. This apparently means that at least 92.4 per cent of the men who replied had had the experience at some time. This is a much higher percentage than is found in Dr. Exner's Western-college group, and considerably higher than the group most nearly comparable in Dr. Achilles' study—*i.e.*, Group B, in which the percentage is 74.4.

---

[1] *On the Psycho-Sexuality of College Graduate Men*, by M. W. Peck, M.D. and F. L. Wells, Ph.D. MENTAL HYGIENE, Vol. 7, pp. 697-714, October, 1923.

The material on which the study here presented is based comes from two questionnaire inquiries carried on by the Bureau of Social Hygiene, the first concerning itself with normal married women, the second with unmarried women, college graduates of at least five years' standing.

In answer to the first inquiry, 1,072 filled-in questionnaires have been received. The method of obtaining these replies is explained and the character of the women composing the group discussed in an article that appeared in the *Journal of Social Hygiene.*[1]

Because the questionnaires used in the two groups were not identical, it has seemed best to present our material on masturbation in two sections, Part I, the present article, dealing with data from the questionnaire for unmarried women, and Part II, to be published later, with the data obtained from married women.

The method of conducting the present study was as follows: A list of 10,000 names of unmarried women was prepared from the alumnæ registers of all the leading women's colleges and co-educational universities. The only selection made was for the purpose of insuring geographical and age distribution. Only those who had graduated in 1917 or earlier were chosen, as we wished to include in the present study only women who had some contact with life outside academic walls and with sufficient maturity of experience to give some weight to their opinions on various points connected with sex education.

A letter was sent to these women explaining in some detail the purposes of the study and pointing out the opportunity to make a real contribution to important questions involving scientific controversy. The anonymity of the study was stressed. A card and a directed envelope were enclosed, and those who were interested and willing to coöperate were requested to sign and return them. Two thousand, five hundred, and fifteen signed cards were received. The questionnaire itself was sent to these only.

---

[1] "The Use of Contraceptives." *Journal of Social Hygiene*, Vol. 8, pp. 173–89, April, 1922.

The questionnaire consists of 12 printed pages, 8½ by 11¾ inches. A little over two pages is taken up with explanations and definitions. Every printed page is faced by a blank page, and instructions were given that additional blank pages could be inserted. Eleven hundred and eighty-three filled-in questionnaires have been received to date.[1]

Section III of the questionnaire deals with sex feeling and sex experiences. We introduced the subject with the following statements, which were in a measure a repetition and amplification of matter used in the original letter:

"At no point is accurate knowledge more greatly needed than that of sex experience. Norms based upon the experiences of large numbers of intelligent individuals have never been established, yet they are fundamental to any sound educational program.

"By answering the following questions frankly you can make a distinct scientific and social contribution. This will not be easy, but by remembering that this study is being conducted in a purely impersonal way for distinctly social ends, and that personal identity is absolutely concealed, it should be possible. The data for the determination of norms of sex behavior can come only from the life experiences of sane, intelligent men and women. These data can be secured in large numbers only by means of the questionnaire. Until these facts of life experience are at hand, sound principles for sex education can never be formulated.

"In view of these facts, will you not give your best efforts to the answering of these questions? Make your replies as complete and accurate as possible. All the questions may not be pertinent to your experience. If so, indicate those which are not. Should there be aspects of your experience not covered by these questions, kindly attach as complete a statement of the facts as you can.

"Whether your experience has been limited or extended, conventional or however unconventional, have no hesitancy in stating the facts. Frank and detailed statements are invaluable. Partial statements of fact are misleading. And remember *there is no way by which your identity can ever become known.*

"That there may be no misunderstanding of the questions, the following definitions and statements are appended:

"A. By auto-erotic activity is meant self-induced sex pleasure. This may take various forms such as:

"1. Sex reveries or daydreaming. These may range all the way from spontaneous beginnings to deliberately cultivated imaginative sex stimulation. The effects may range from mild sex excitement to the actual inducing of the orgasm, this latter without any manipulation of the organs.

"For the purposes of this study, the term 'orgasm' may be defined as a convulsive contraction of the muscles of the interior sex organs, followed by a definite relaxation.

---

[1] A follow-up letter and a supplementary questionnaire were sent to those who had asked for the original questionnaire. The purpose was to find out the reasons why, having asked for it, so large a proportion of the women failed to send it in. The results of this follow-up are interesting and will be printed later as a study of method.

''2. Manipulation of the organs. This may be accidentally discovered, or suggested or taught by other persons. It may or may not be accompanied by sex reveries or carried to the point of inducing the orgasm.

''3. Masturbation is an auto-erotic activity carried to the point of orgasm. This may be brought about by manipulation, friction, pressure, and so forth, accompanied or not by sex reveries, or, as was mentioned above, be induced by vivid sex imagery unaided by manipulation. Most frequently, however, manipulation of some sort and sex reveries are involved. For the purpose of this study, masturbation is defined as the voluntary self-inducing of the orgasm by any means other than sexual intercourse.

''There is considerable controversy with regard to auto-eroticism. For the most part, auto-eroticism, particularly that form of it known as masturbation, has been vigorously condemned both on ethical grounds and as the cause of grave physical and mental disorders. Accumulation of facts indicates that the harmful physical and mental effects have been greatly exaggerated. It is maintained by some eminent specialists to-day that auto-eroticism, including masturbation, is a normal stage in the development of the sex nature and must be passed through if sexual development is to be complete.''

The purpose of the last statement was to assure the women that whatever their own experiences, they are not isolated, but very common to the human lot; that they are not necessarily signs of degeneracy; and that the phenomena in question are the subject of careful study by many eminent scientists. In this way we hoped to overcome the natural inhibitions of refined women which might stand in the way of honest and full reports.

EXTENT OF PRACTICE AMONG CASES STUDIED

Masturbation in a large proportion of cases begins in a handling of the sex organs with accompanying pleasurable sensations. This may or may not at first result in an orgasm. In a very large proportion of cases, as we shall see later, our study shows that eventually it does so result.

In spite of the definitions given, there was not a clear conception in the minds of some of the women as to the distinction between ''manipulation of organs for pleasure'' and ''masturbation''. Apparently this was due in part at least to the use of the word ''orgasm'', which was unfamiliar to many. Nevertheless only 73 women of the 603 who admitted manipulation believed that they had never experienced it. This seemed too small a number to consider separately for most purposes. In the tables that follow it has seemed best, therefore, to study the material together, and unless otherwise stated, "masturbation" at the head of a table will include manipulation of organs for pleasure with or without orgasm.

Tables were prepared both for the entire 1,183 cases and also for the first 1,000 cases. The differences between the two groups, illustrated in Table I, are typical of the differences found elsewhere when similar comparisons have been made.

TABLE I. EXTENT OF PRACTICE OF MASTURBATION IN TOTAL 1,183 CASES (GROUP A) AND FIRST 1,000 CASES (GROUP B)

Extent of practice	*Group A*		*Group B*	
	Number	Per cent	Number	Per cent
Practiced at time of reporting	370	31.3	308	30.8
Practiced in past, have stopped	351	29.6	295	29.5
Denied any practice	375	31.7	327	32.7
Failed to answer	87	7.4	70	7.0
Total	1,183	100.0	1,000	100.0

Inasmuch as the comparison in this table shows such slight variation in the distribution percentages of Groups A and B, we have for the most part used only Group B in the following tables. Where any exception is made, it will be mentioned.

DESCRIPTION OF GROUP DISCUSSED

Six hundred and ninety-three of this group of 1,000 had graduated from women's colleges, and 258 from co-educational universities; 45 had attended both; 4 failed to answer on this point. One hundred and eighty-nine have the M.A. and 10 the M.S. degree, 57 are Ph.D.s, and 23 are M.D.s. There is one LL.B. and one diploma of the Sorbonne in the group.

Only four women who replied on the question of age were less than twenty-five years old. One woman was sixty-eight. Two only failed to answer as to age. The mode is 30 (with 92 individuals), and the average for the group is 37.1 years. The age distributions are shown in Table II (page 678).

Approximately one-third had spent their early life in the country, one-third in towns, and one-third in cities. Seventy-six and nine-tenths per cent of the group report good or excellent health since leaving college. Only 5 per cent report "poor" health. The remainder report "fair".

Only 46 individuals of the group have never at any time engaged in a gainful occupation. Some form of teaching affords occupation to 586 of them, ranging from college to kindergarten work. The social-work group is next largest; at least 140 women can be so classed. Secretarial workers furnish 63, librarians 62. In smaller numbers are trained nurses, physicians, business executives, lawyers, laboratory technicians, psychologists, actresses, writers, farmers—in short, practically every occupation in which women are engaged furnishes at least one or two representatives. Of these only 121 failed to find their present occupation "absorbing and satisfactory".[1]

It would appear from the data presented above that we have under consideration a group of intelligent, highly trained women, honorably and for the most part successfully employed, who have conscientiously tried to assist in an important investigation. Whatever reservation we may make as to the probable truthfulness of the replies, or as to the reasons for the failure of 70 individuals to reply at all to the questions regarding masturbation or pleasure from manipulation of sex organs, we may safely take the 64.8 per cent of the remainder who reply in the affirmative as the minimum number of women of this group who at any time engage in this practice.

PRESENT AGES OF THE GROUPS UNDER CONSIDERATION

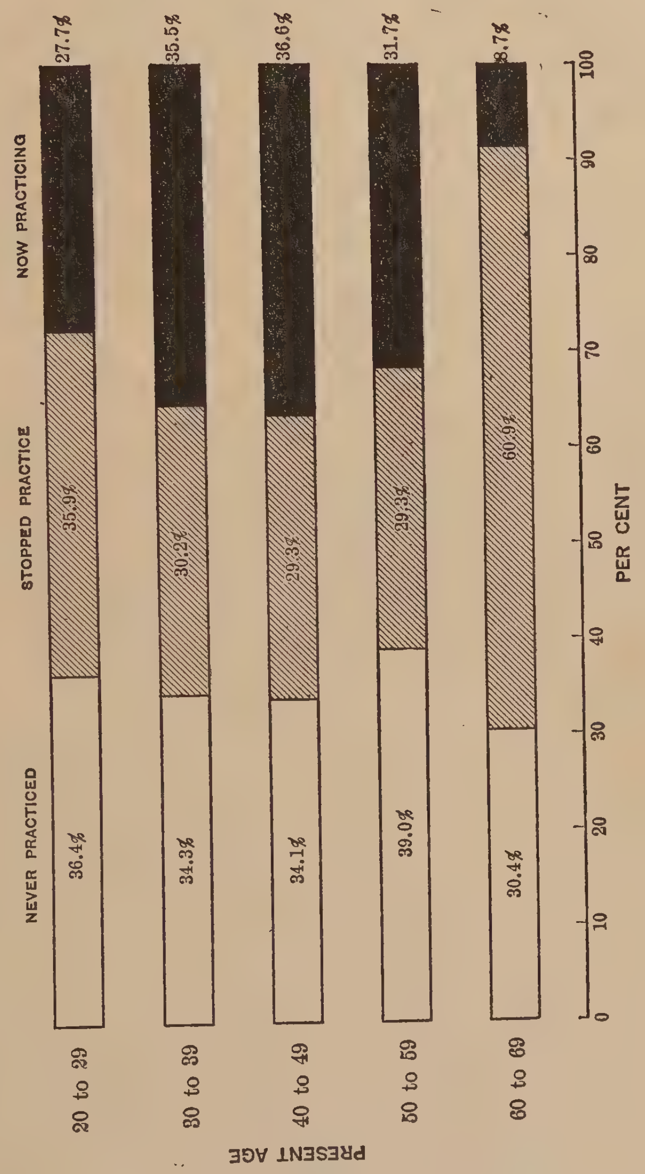
Table II–A compares as to age the three groups—those who are practicing now, those who have stopped the practice, and those who never practiced—into which our total 1,000 are divided. Table II–B combines the ages in decades for the purpose of determining what effect, if any, present age has upon the practice of masturbation. Chart I (page 677) presents these combinations graphically.

---

[1] Of 1,000 married women, 116 found their married lives not wholly satisfactory and happy. The proportions are so similar that one is tempted to ask whether or not about this proportion of womankind have a personality make-up which prevents easy adjustment to conditions, whether they are married or single.

CHART I

DISTRIBUTION OF PRACTICE OF MASTURBATION IN PRESENT AGE GROUPS



An inspection of Table II–B shows that in the decades thirty, forty, and fifty the percentages of those who are practicing now are higher than in the twenty-to-twenty-nine age group. A mathematical comparison shows that the difference is significant.[1]

TABLE II. A. PRESENT AGES OF GROUPS REPORTING AS TO MASTURBATION

	Total		*Of group practicing now*		*Of group that have stopped practice*		*Of group that have never practiced*	
Age	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
22 to 24	4	0.4	1	0.3	1	0.3	2	0.6
25 to 27	71	7.7	14	4.5	26	8.8	31	9.5
28 to 30	194	20.9	62	20.1	71	24.1	61	18.7
31 to 33	158	17.0	54	17.5	51	17.3	53	16.3
34 to 36	112	12.1	41	13.3	32	10.8	39	12.0
37 to 39	79	8.5	33	10.7	16	5.4	30	9.2
40 to 42	73	7.9	27	8.8	22	7.5	24	7.4
43 to 45	55	5.9	21	6.8	12	4.1	22	6.8
46 to 48	62	6.6	21	6.8	19	6.4	22	6.8
49 to 51	38	4.1	11	3.6	15	5.1	12	3.7
52 to 54	29	3.1	9	2.9	9	3.1	11	3.4
55 to 57	21	2.3	8	2.6	6	2.0	7	2.2
58 to 60	17	1.8	5	1.6	5	1.7	7	2.2
61 to 63	7	0.8	1	0.3	3	1.0	3	0.9
64 to 66	7	0.8	...	...	6	2.0	1	0.3
67 to 68	1	0.1	...	...	1	0.3	...	...
Total giving age	928	100.0	308	100.0	295	100.0	325	100.0
Unanswered as to age	2		...		...		2	
Total answered as to masturbation	930		308		295		327	

TABLE II. B. NUMBER AND PERCENTAGE OF EACH AGE GROUP THAT ARE NOW PRACTICING, HAVE STOPPED THE PRACTICE, AND HAVE NEVER PRACTICED

	Total		*Of group practicing now*		*Of group that have stopped practice*		*Of group that never practiced*	
Present age	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
20 to 29	184	100.0	51	27.7	66	35.9	67	36.4
30 to 39	434	100.0	154	35.5	131	30.2	149	34.3
40 to 49	205	100.0	75	36.6	60	29.3	70	34.1
50 to 59	82	100.0	26	31.7	24	29.3	32	39.0
60 to 69	23	100.0	2	8.7	14	60.9	7	30.4
Total answered	928	100.0	308	33.2	295	31.8	325	35.0
No age given	2	...	...	...	...	...	2	...
Total	930		308		295		327	

---

[1] The formula for the standard deviation of a difference between two percentages is

$$\sigma \text{ dif} = \sqrt{\frac{p_1q_1}{n_1} + \frac{p_2q_2}{n_2}},$$

where p_1 and p_2 are the two percentages, q_1 and q_2 are the respective differences between these percentages and 1.00, and n_1 and n_2 are the number of cases on which the percentages are based. A difference greater than twice the standard deviation of the difference may be regarded as probably significant.

AGES AT WHICH PRACTICE WAS BEGUN

In order to discover whether the age at which the practice was begun bore any relation to the discontinuing of it, we tabulated separately the ages at beginning in the two groups of those who were still practicing masturbation and those who have stopped. The results are presented in Tables III and IV.

TABLE III. AGES AT BEGINNING MASTURBATION OF GROUP NOW PRACTICING

Age	*Number*	*Age*	*Number*
"Before I can remember"	5	At or about 21	4
"Very young"	18	At or about 22	6
"In childhood"	2	At or about 23	5
"Under 9 years"	1	At or about 24	7
"Under 10 years"	3	At or about 25	9
At or about 3	4	At or about 26	4
At or about 4	7	At or about 27	6
At or about 5	13	At or about 28	13
At or about 6	10	At or about 29	1
At or about 7	10	At or about 30	11
At or about 8	21	At or about 32	3
At or about 9	15	At or about 34	1
At or about 10	13	At or about 35	3
At or about 11	11	At or about 40	2
At or about 12	13	At or about 42	1
At or about 13	7	In the "twenties"	3
At or about 14	5	In the "thirties"	1
At or about 15	6	In the "forties"	1
At or about 16	5	As an adult	3
At or about 17	2	Do not remember	12
At or about 18	8	Unanswered	22
At or about 19	3		
At or about 20	8	Total	308

SUMMARY OF DEFINITE ANSWERS

Age	*Number*	*Per cent*
Childhood—3 to 10 years, inclusive	97	39.9
Puberty—11 to 15 years, inclusive	42	17.3
College years—16 to 22 years, inclusive	36	14.8
The twenties—23 to 29 years, inclusive	45	18.5
The thirties	19	7.8
The forties	4	1.6
Total	243	100.0

The grouping of ages in the summaries of these two tables was determined by the following considerations: A table, not published in the present report, giving the ages at which menstruation was established, shows that the bulk of cases came within the limits of eleven to fifteen years inclusive. There were only a few scattering cases at either end. We, therefore, included the years up to eleven under the heading "childhood" and the years from eleven to fifteen inclusive under "puberty". The years from sixteen to twenty-two inclusive we called college years, as they constitute the period that the very great majority spent in college. The fourth period begins at the age at which the majority left college. Omitting the indefinite expressions of age, we have placed the remainder in these six groups.

TABLE IV. AGES AT BEGINNING OF MASTURBATION OF GROUP THAT HAVE STOPPED PRACTICE

Age	*Number*	*Age*	*Number*
"Before I can remember"	1	At or about 23	5
"Very young"	9	At or about 24	10
In childhood	4	At or about 25	2
At or about 3	2	At or about 26	5
At or about 4	4	At or about 27	10
At or about 5	12	At or about 28	3
At or about 6	12	At or about 29	2
At or about 7	19	At or about 30	6
At or about 8	23	At or about 32	1
At or about 9	12	At or about 35	4
At or about 10	20	At or about 36	1
At or about 11	10	At or about 38	1
At or about 12	17	At or about 39	1
At or about 13	8	At or about 40	1
At or about 14	11	"In college"	4
At or about 15	2	"In teens"	3
At or about 16	4	"In twenties"	1
At or about 17	4	"In forties"	1
At or about 18	6	"As an adult"	6
At or about 19	2	Do not remember	21
At or about 20	7	Unanswered	12
At or about 21	4		
At or about 22	2	Total	295

SUMMARY OF DEFINITE ANSWERS

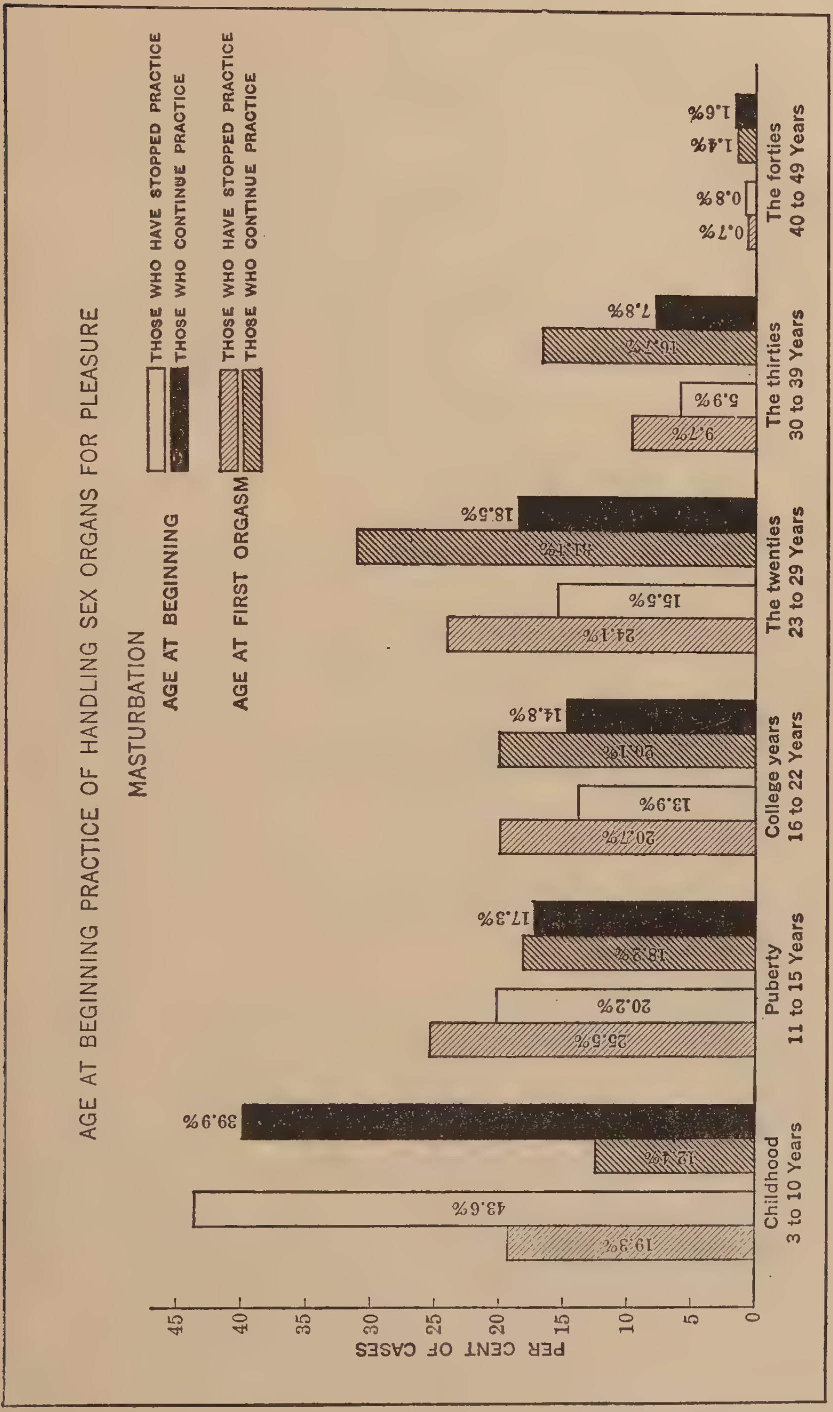
Ages	*Number*	*Per cent*
Childhood—3 to 10 years, inclusive	104	43.6
Puberty—11 to 15 years, inclusive	48	20.2
College years—16 to 22 years, inclusive	33	13.9
The twenties—23 to 29 years, inclusive	37	15.5
The thirties	14	5.9
The forties	2	0.8
Total	238	100.0

Chart II (page 681) shows the relation of the groups in Tables III and IV.[1] It is noticeable that the percentage of those who began the practice before sixteen years of age is higher in the group of those who have stopped the practice and lower thereafter. The percentages of difference, how-

---

[1] This chart shows also, for purposes of comparison, the ages at which the orgasm was first induced. We are considering at the moment only those portions of the chart indicated by the solid white and the solid black columns.

CHART II



AGE AT BEGINNING PRACTICE OF HANDLING SEX ORGANS FOR PLEASURE

MASTURBATION

ever, are too small to have any definite significance, when treated mathematically.

It will be noted that in both tables there is a drop during the college years and a rise during the period from twenty-three to twenty-nine inclusive. A small percentage of both groups began in the thirties and forties.

Three of the studies of men quoted, those of Exner, Achilles, and Peck and Wells, present their statistical data in a form that permits us to compare the ages at which masturbation began with those in our own studies. We can also compare the figures for the Group-B women in the Achilles study.

The extent of the practice as reported in these various groups is shown in Table V.

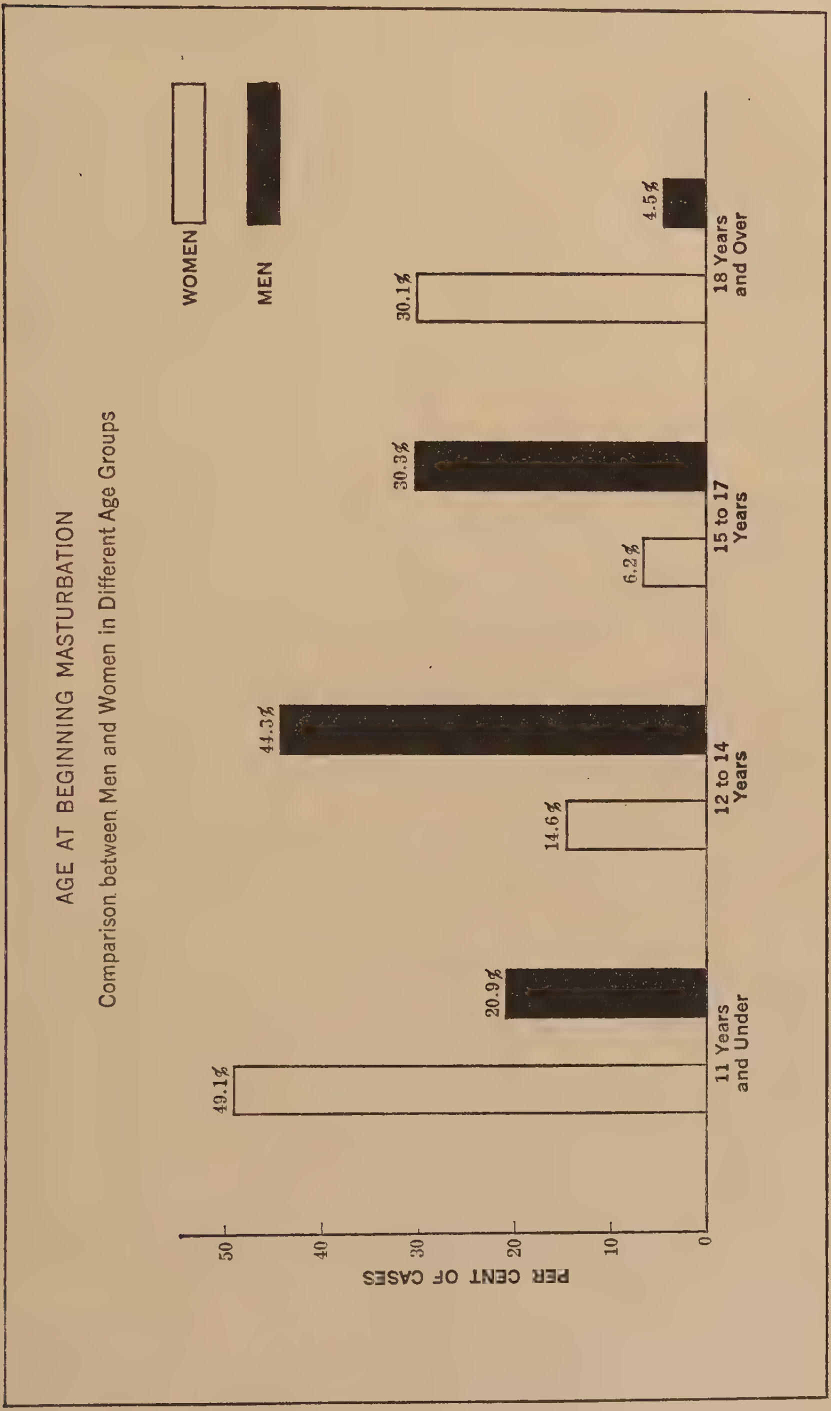
TABLE V. COMPARISON OF PRACTICE OF MASTURBATION IN THREE GROUPS OF MEN AND THREE GROUPS OF WOMEN

Study reported by:	*Exner*	*Peck and Wells**	*Achilles*		*Davis*	
			Group B			
	Men	Men	Men	Women	Unmarried women	Married women up to time of marriage
Number of cases reporting	562	about 186	108	97	1000	1000
Number replying to question regarding masturbation	518	173	39	31	930	951
Number admitting masturbation	319	160	29	14	603	381
Percentage of those replying who admit masturbation	61.6	92.5	74.4	45.2	64.8	40.1

* The numbers given for this group are merely approximate, as Peck and Wells deal entirely with percentages, merely stating that the individuals studied constituted some three-quarters of a group of about 250.

Table VI gives a percentage comparison of the ages at which masturbation began in the three groups of men and the three groups of women. This comparison is presented graphically in Chart III (page 683) which is based upon a combination of all the men's groups, on the one hand, and all the women's groups on the other. In preparing Table VI we excluded the cases in which the age at beginning was either not given or was given in such indefinite terms as not to admit of exact placing.

CHART III



AGE AT BEGINNING MASTURBATION

Comparison between Men and Women in Different Age Groups

TABLE VI. PERCENTAGE COMPARISON OF AGE AT WHICH MASTURBATION BEGAN, AS BETWEEN THREE GROUPS OF MEN AND THREE GROUPS OF WOMEN

MEN

Age at beginning	*In Exner group*		*In Peck group*		*In Achilles Group B*		*In combined groups*	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Up to and including 11 years	80	25.1	16	11.3	6	22.2	102	20.9
12 – 14 years	142	44.5	61	43.0	13	46.1	216	44.3
15 – 17 years	90	28.2	51	35.9	7	25.9	148	30.3
18 years and over	7	2.2	14	9.8	1	3.7	22	4.5
Total	319	100.0	142	100.0	27	100.0	488	100.0

WOMEN

Age at beginning	*In Achilles Group B*		*In Davis unmarried group*		*In Davis married group*		*In combined groups*	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Up to and including 11 years	6	46.1	255	48.4	174	50.3	435	49.1
12 – 14 years	2	15.4	61	11.6	66	19.1	129	14.6
15 – 17 years	2	15.4	23	4.3	30	8.7	55	6.2
18 years and over	3	23.1	188	35.7	76	22.0	267	30.1
Total	13	100.0	527	100.0	346	100.0	886	100.0

This table shows that of the women studied, nearly one-half of those who have engaged in the practice of masturbation, and who definitely fix the time of beginning, began the practice at eleven years or under, and that over 30 per cent did not begin at all until eighteen years or older. Among the corresponding group of men we find, however, that nearly 75 per cent began between the ages of twelve and seventeen inclusive, and that only 4.5 per cent began after the age of eighteen years. It should be noted that the upper age limit of the groups of men studied is less than that of the women.

If we test mathematically the validity of the percentage differences between any age group of men and the corresponding age group of women, we find that there is not one chance in infinity but that the difference is significant, and not due merely to chance sampling. Just what this difference between boys and girls and men and women signifies we will not discuss here. Many factors undoubtedly enter into it and no simple explanation seems adequate.

Differences between the unmarried and married women's groups will be discussed in a later section.

HOW PRACTICE WAS ACQUIRED

Table VII shows how the practice began.

TABLE VII. MEANS BY WHICH MASTURBATION WAS ACQUIRED IN THE GROUP OF UNMARRIED COLLEGE WOMEN ADMITTING THE PRACTICE

Means of acquiring practice	*In group practicing now*			*In group that have stopped practice*		
	Number	Per cent of total	Per cent of those reporting*	Number	Per cent of total	Per cent of those reporting*
1. Accidentally discovered	156	50.6	58.6	166	56.3	61.5
2. Learned from another person	87	28.2	32.7	78	26.4	28.9
3. Deliberately undertaken as an adult	23	7.5	8.6	26	8.8	9.6
4. Do not remember	10	13.6	...	14	8.5	...
5. Unanswered	32			11		
Total	308	100.0	100.0	295	100.0	100.0

* The two groups of those who do not remember and those who left the question unanswered are omitted from these percentages.

Combining the groups who are continuing the practice and those who have stopped, we find that in about 60 per cent of all the cases that gave definite information on this point the discovery was accidental, while in about 30 per cent it was taught. The higher percentage of cases "taught" in the group now practicing might suggest the possible interpretation that the manner of learning may affect the continuance of the practice, or, putting it from the other side, that accidental discovery is more likely to be followed by discontinuation. So far as this group is concerned, however, the difference is too small to be significant.

Of the 322 in Table VII who claimed to have made the discovery of masturbation accidentally, about one-third failed to answer or could not remember how the practice began. Table VIII summarizes the answers of the 209 who reported on this point. It will be observed that there is little difference in the replies of the two groups.

The "accidental pressure" given as the cause in the largest number of cases was described by several as the result of underclothing that was too tight. "Position on furniture" also would probably be classed as accidental pressure. "Sliding downstairs", "climbing a tree", "riding a bicycle", and so forth, could be placed in one class, but the use of the terms used by the writers seemed preferable in this report.

TABLE VIII. METHOD OF ACCIDENTALLY DISCOVERING MASTURBATION

How discovered	*Total*	*In group practicing now*	*In group that have stopped practice*
Result of accidental pressure	38	22	16
Result of rubbing or scratching to relieve irritation or itching	33	20	13
Result of irritation probably due to worms	4	2	2
Discovered while bathing, use of spray, etc.	30	15	15
Result of investigation from curiosity	21	9	12
Result of position on furniture	14	4	10
While in bed napping or partially awake	13	3	10
Sliding downstairs or climbing a tree	5	3	2
Handling by a man*	5	2	3
Lying or sitting with legs or knees crossed	5	1	4
Close embrace or familiarity of lover	4	2	2
Pleasure resulting from use of douche	3	2	1
Result of sensation produced by reading as a child	3	2	1
Horseback or bicycle riding	3	2	1
Effect of "accidental stimulus"	3	...	3
Creeping or hitching on the floor	2	2	...
"Just happened"†	2	2	...
Motion of carriage or railroad train	2	1	1
Result of "spooning"	2	1	1
Sleeping with another girl	2	1	1
Applying cold cream to chapped parts	1	1	...
"Told not to place anything between thighs, so tried it"	1	1	...
Position advised by physician (knee-chest)†	1	1	...
Manipulation of physician who examined for life insurance	1	1	...
Mishandling of physician	1	...	1
"Older person tickling me"	1	1	...
"Discovered in play"	1	1	...
"During delirium in illness after reading Ellis"	1	1	...
"Superabundant energy had to have vent"	1	...	1
"Being spanked"	1	...	1
"Imagining legs glued together"	1	...	1
Emotional experience with another woman	1	...	1
"Instinct"	1	...	1
"In an endeavor to overcome constipation"	1	...	1
"In an attempt to conceal first menstruation because not properly prepared"	1	...	1
Total giving information	209	103	106
Do not recall	51	17	34
Unanswered	62	36	26
Total who discovered masturbation accidentally	322	156	166

* Practice acquired in childhood.
† Practice acquired as adults.

Table IX shows that of those who learned the practice, 64 per cent of those who replied were taught by other girls and 9 per cent were taught as adults by women friends.

TABLE IX. PERSONS FROM WHOM PRACTICE WAS LEARNED

From whom learned	*Total*	*In group practicing now*	*In group that have stopped practice*
Another girl	91	49	42
An older sister	4	2	2
A girl cousin	7	4	3
A nursemaid	7	5	2
A woman friend†	15	4	11
A boy	8	5	3
A brother	2	2	...
Other children	6	2	4
A man friend	8	3	5
Fiancé	1	...	1
An older person (sex unspecified)	1	...	1
A middle-aged piano tuner*	1	1	...
Older persons, through talk of sex intercourse*	1	1	...
"Doctor while dressing wound"*	1	1	...
Physician in lecture in high school (at 14 years)	1	...	1
Persons unspecified who gave warning against practice	4	1	3
Total giving information	158	80	78
Unanswered	7	7	...
Total	165	87	78

† Practice acquired as adults.
*Practice acquired in childhood.

Forty-nine individuals, or about 9 per cent of those who reported as to how the practice was acquired, stated that it was deliberately undertaken in adult life. The reasons given are shown in Table X and require no special comment.

TABLE X. REASONS FOR DELIBERATELY UNDERTAKING MASTURBATION AS ADULTS

Reason	*Total*	*In group practicing now*	*In group that have stopped practice*
As a result of reading	17	12	5
As an experiment	11	4	7
As a relief from tension of nerves	3	1	2
As a relief from tension, by advice of physician	1	...	1
As a relief from sex thoughts	1	1	...
To satisfy sex desire (general)	5	2	3
To satisfy desire for special man	6	1	5
To satisfy desire after cohabitation	2	2	...
To satisfy curiosity aroused by lecture	1	...	1
"To satisfy need of emotional outlet"	1	...	1
"A desire to touch something forced its way into consciousness"	1	...	1
Total	49	23	26

EXPERIENCE OF THE ORGASM

One of the difficulties in a questionnaire study, even of college women, is the general ignorance of correct terminology. As we have noted before, in spite of our definitions, we were not entirely successful in making our questions clear, as is shown in a certain percentage of the answers to some of the questions concerning masturbation.

By our definition, pleasure in handling sex organs does not amount to masturbation unless an orgasm is induced. The term orgasm is defined. No question such as, "Have you ever induced the orgasm?" was asked, but Section C, 2 (a) asks: "How old were you when the orgasm was first induced?" From the answers given to this question, we were able to determine whether or not the orgasm was experienced. Whenever the answer was, "I am not sure I ever had it", or words to that effect, we included it in the category, "never induced". The data obtained on this point are shown in Table XI.

TABLE XI. EXPERIENCE OF THE ORGASM

	In group practicing now		*In group that have stopped practice*	
Replies	Number	Per cent	Number	Per cent
Experienced orgasm	272	97.1	193	74.8
Never induced orgasm	6	2.9	65	25.2
Orgasm incomplete	2		...	
Total answering as to orgasm	280	100.0	258	100.0
Unanswered	28		37	
Total group	308		295	

It will be observed that a very large proportion of those who deny the experience of the orgasm fall in the group of those who have stopped the practice. The difference between the two groups who admit the experience amounts to 22.3 per cent. The numbers in these groups—namely, 193 and 272—are large enough to permit mathematical treatment, which shows that there is absolutely no chance but that the difference is significant.

Table XII shows the number in each age group as obtained from the answers of those who gave a sufficiently definite age to permit of classification.

TABLE XII. AGES AT WHICH ORGASM WAS FIRST EXPERIENCED *

Age	*In group practicing now*	*In group that have stopped practice*	Age	*In group practicing now*	*In group that have stopped practice*
Very young	6	1	23-24	—	2
3	1	—	24	7	7
3-4	—	3	24-25	—	1
4-5	1	—	25	15	5
4-6	—	1	25-26	1	—
5	1	1	26	7	6
5-6	1	—	27	8	2
6	3	1	28	14	4
6-8	—	4	29	4	4
7	1	—	25-30	1	—
7-9	1	—	30	12	5
8	2	7	31	2	—
8-9	—	2	31-33	1	—
9	2	1	32	2	4
9-10	1	—	32-33	1	—
10	6	7	33	1	—
10-11	2	2	30-35	1	—
11	2	—	34-35	1	—
10-12	3	2	34	—	1
12	8	12	35	6	3
12-13	3	1	36	1	—
13	1	7	37	2	—
14	13	6	39	—	1
14-15	4	—	Over 30	—	3
15	2	6	40	1	—
15-16	2	1	Over 40	—	3
16	1	2	42	2	1
17	5	2	Early ’teens	—	1
18	8	5	’Teens	5	—
18-20	1	—	In college	1	1
19	5	2	Twenties	1	—
19-20	—	1	“Late”	—	1
20	6	10	Thirties	5	—
20-22	2	—	Adult	4	—
20-25	—	2	Middle age	—	2
21	4	3	At menopause	1	—
21-22	3	—	“Always” (no date of beginning)	2	—
22	4	1			
22-23	2	—			
23	6	4	Total giving age	222	154

* Where dashes are used in this table, it is in cases where writers gave their ages as “3 or 4 years”, or “between 6 and 8 years”.

Table XII, Summary A, combines these ages into the same groups we have used in Chart II (page 681) which shows, beside the figure for age at beginning practice, the corresponding figure for age at first experiencing orgasm.

Table XII, Summary B, combines the groups of those who are practicing now and those who have stopped the practice and arranges them in the age groups used in Chart III (page 683), in which we compare the studies of men with those of women.

TABLE XII. SUMMARY A

Age	*In group practicing now* Number	*In group practicing now* Per cent	*In group that have stopped practice* Number	*In group that have stopped practice* Per cent
To 10 years, inclusive	26	12.4	28	19.3
11-15 years, inclusive	38	18.2	37	25.5
16-22 years, inclusive	42	20.1	30	20.7
23-29 years, inclusive	65	31.1	35	24.1
Thirties	35	16.7	14	9.7
Forties	3	1.4	1	0.7
Total	209	100.0	145	100.0

TABLE XII. SUMMARY B. AGE AT FIRST ORGASM BY AGE GROUPS *

Age	*Number*	*Per cent*
11 years and under	65	17.7
12-14 years	55	14.9
15-17 years	21	5.7
18 years and over	227	61.7
Total	368	100.0

* Includes all who gave definite data.

Chart IV (page 691) shows that the general direction of an imaginary curve connecting the tops of the columnar figures is the same for the first inducing of the orgasm as for the beginning of the practice among women and opposite to that shown in the studies of men used,[1] in so far as that it is lowest in the two middle groups.

It is noteworthy that in this study of unmarried women, the experience of the orgasm in nearly 62 per cent of the cases does not occur until eighteen years or over.

The fact that the percentages of those who never induced the orgasm is so much higher in the group that has stopped the practice suggests the question whether failure to induce the orgasm has any relation to the discontinuation of the practice.

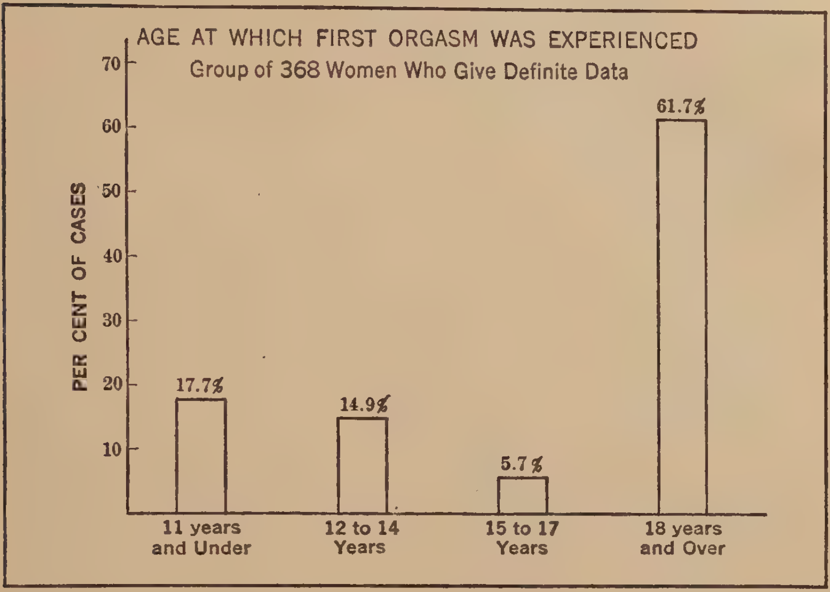
REASONS GIVEN FOR DISCONTINUING PRACTICE

From Table XIII it will be noted that none of the women who give their reasons for stopping adduce the failure to induce the orgasm. We have classified their reasons into seven groups, according to the factor that seemed most important in determining the discontinuation of the practice. It

---

[1] We assume that in the studies of college men masturbation means the manipulation of the organ to the point of ejaculation, except in cases of manipulation of the organ before puberty.

CHART IV



would be quite possible to arrange them otherwise. We have endeavored not to read any personal interpretation into the answers. According to our grouping, there is a difference of 11 per cent between the two groups in division 2 and a difference of nearly 10 per cent in division 3. But in any case, the numbers involved are too small for mathematical treatment.

TABLE XIII. REASONS FOR STOPPING PRACTICE

Reasons	*Total group*		*Those who have experienced orgasm*		*Those who have never induced orgasm*	
	Number	Per cent	Number	Per cent	Number	Per cent
1. Fear of results, however acquired	90	34.9	72	35.5	18	32.7
2. Unnecessary; desire wore off; outgrew it	48	18.6	33	16.3	15	27.3
3. Caused feelings of shame, disgust, etc.	48	18.6	42	20.7	6	10.9
4. Instinctively felt it was wrong	45	17.4	37	18.2	8	14.5
5. Replaced by interest in other things	14	5.4	13	6.4	1	1.8
6. Replaced by heterosexual interests	7	2.7	5	2.4	2	3.6
7. Stimulating cause removed	6	2.3	1	0.5	5	9.1
	258	100.0	203	100.0	55	100.0
Did not answer or did not remember	37		27		10	
Total	295		230		65	

REASONS FOR STOPPING PRACTICE GIVEN IN DETAIL

1.	Learned by reading or discussion with others of its evil effects — insanity, etc.	30	
	Fear of harmful results	20	
	Mother's advice or warning	17	
	Learned physiological facts	6	
	Felt it "too physical"	2	
	Believed it was harmful	7	
	"Overwhelmed by reaction"	5	
	"Unfitted me for work"	1	
	"It hurt me"	1	
	"Caused facial eruption"	1	90
2.	Found it unnecessary; did not like it	11	
	"It ceased to be interesting"	15	
	The desire wore off	6	
	Outgrew it	6	
	Did not produce gratification	3	
	No further need for it	3	
	Menstruation began	2	
	Curiosity satisfied	2	48
3.	Felt ashamed, disgusted, degraded	38	
	Inconsistent with self-respect	6	
	Decided it was "not nice"	4	48
4.	Instinctively felt that it was wrong	37	
	"Got old enough to know better"	4	
	Own common sense	4	45
5.	Believed in sublimation	2	
	Became engrossed in other things	7	
	Started to go to school	3	
	Became interested in good books instead of love stories	1	
	Changed environment	1	14
6.	Came to care for a man	2	
	Began sex intercourse	2	
	Began to spoon	1	
	Became engaged	1	
	Found masturbation "too slow"	1	7
7.	Man she cared for became engaged to another girl	1	
	Fiancé died	1	
	Companion moved away	4	6
			258
	Do not remember	9	
	Unanswered	28	37
	Total		295

DURATION AND FREQUENCY OF PRACTICE

In Tables XIV, XV, and XVI we have presented data with regard to the duration of the practice. Tables XIV and XV show this for the group that are still continuing and the group that have stopped the practice. Table XVI shows the same thing for the group of 65 who stopped the practice without having experienced the orgasm.

TABLE XIV. LENGTH OF PRACTICE OF GROUP CONTINUING TO MASTURBATE

Time practiced	*Number practicing*	*Time practiced*	*Number practicing*
1 year	8	25-26 years	1
2 years	5	26 years	7
3 years	2	25-27 years	1
4 years	7	26-27 years	2
5 years	2	26-30 years	1
6 years	6	27 years	5
6-7 years	1	27-28 years	2
7 years	5	27-29 years	1
8 years	2	28 years	5
8-9 years	1	28-29 years	1
9 years	4	29 years	3
10 years	7	29-30 years	1
10-11 years	1	30 years	7
11 years	6	30-31 years	1
12 years	8	31 years	1
12-14 years	1	31-32 years	1
13 years	3	32 years	2
14 years	4	33 years	3
15 years	1	33-34 years	1
15-16 years	1	34 years	4
16 years	5	35 years	2
16-17 years	1	36 years	2
16-18 years	1	36-37 years	1
17 years	2	37 years	2
17-18 years	2	37-38 years	1
18 years	1	38 years	4
18-19 years	3	38-39 years	2
19 years	10	39 years	1
19-20 years	1	41 years	2
19-21 years	1	41-42 years	1
20 years	7	42-43 years	2
20-21 years	1	43 years	2
21 years	8	45 years	5
21-22 years	1	46-47 years	1
22 years	7	48 years	1
22-23 years	3	51 years	1
23 years	9		—
23-24 years	1		235
24 years	7	Indefinite	73
24-25 years	2		—
25 years	7		308

INDEFINITE ANSWERS (73)

Began practice	*Number*	
Before conscious memory begins	4	
Very early, very young	14	
During childhood	4	
As an adult	3	
In middle age	1	
	—	26

Length of practice—as shown by context

From 5 to 14 years	1
Eight years or less	1
At least 16 years	1
From 12 to 21 years	1

TABLE XIV—CONTINUED

	Number	
At least over 10 years	1	
At least 25 years	1	
Over 25 years	1	
From 29 to 32 years	1	
At least 38 years	1	
Less than one year	2	
		11
Absolutely indefinite		36
Total		73

TABLE XV. LENGTH OF PRACTICE OF THOSE WHO HAVE STOPPED MASTURBATION

Not very long—a short time	20	
A few times only	14	
A few weeks	8	
Several months	16	
Six months to a year	5	
		63
About a year	11	
1 to 2 years	2	
2 years	13	
2 or 3 years	5	
3 or 4 years	2	
4 years	5	
4 or 5 years	2	
5 or 6 years	8	
7 or 8 years	6	
8 or 9 years	1	
10 years	6	
12 years	2	
13 years	1	
14 years	4	
15 years	6	
16 years	1	
17 years	2	
17 or 18 years	2	
About 20 years	4	
21 years	1	
Up to 25 years (no date of beginning)	1	
From childhood to 26 and 28 years	2	
About 23 years	3	
Through childhood	5	
From childhood to adulthood	1	
34 years	1	
At intervals until 40 (no date of beginning)	1	
Until menopause (no date of beginning)	1	
"Several years"	26	
"Many years"	12	

TABLE XV—CONTINUED

From early childhood to college	2	
Over 40 years	1	
		140
Unanswered (many misunderstood question)	77	
Do not recall	15	
		92
Total		295

TABLE XVI. LENGTH OF TIME THE PRACTICE OF HANDLING SEX ORGANS WAS CONTINUED BY THOSE WHO NEVER EXPERIENCED ORGASM AND STOPPED PRACTICE

Time practiced	*Number practicing*	
A few times	4	
Not long, a short time	8	
A few weeks	3	
One summer	1	
A few months	4	
Six months	1	
		21
About a year	4	
1 to 2 years	1	
2 years	3	
2 to 3 years	1	
3 years	1	
Several years	3	
A few years	1	
4 to 5 years	2	
6 years	1	
15 years	1	
"Years"	1	
A good many years	1	
Until college (cannot recall beginning)	1	
"Up to a year ago"*	1	
		22
Do not remember	5	
Unanswered	17	
		22
Total		65

* Cannot recall beginning. Now aged thirty. Stopped because of feeling of wrongdoing.

It will be seen from Table XIV that 21, or 32.3 per cent, of the 65 who stopped the practice before inducing the orgasm continued it not longer than six months.

From the two latter tables we find that a comparison as to length of time the practice was continued of those who did and those who did not induce the orgasm shows as follows:

Length of time	*In group that have induced orgasm*		*In group that have never induced orgasm*	
	Number	Per cent	Number	Per cent
Less than one year	42	26.2	21	48.8
One year and over	118	73.8	22	51.2
Total answered	160	100.0	43	100.0
Unanswered or do not recall	70		22	
Total	230		65	

It will be noted that the percentage of those who never induced the orgasm is strikingly larger among those who carried on the practice less than a year—48.8 per cent as compared with 26.2 per cent. The numbers, however, are too small to be more than suggestive.

Tables XVII–A and XVII–B present data with regard to frequency of practice in the two groups of those who are practicing now and those who have ceased to practice. A good many allowances must be made for them from the statistical point of view. In many instances women who are continuing the practice state in what way the practice has changed since it was begun. Sometimes the habit, when it had become such, was broken off and resumed under special stress sometimes after the lapse of years. In all but a very small proportion of cases a decreasing frequency is reported. Again, as the context shows, such words as "infrequently", "rarely", "occasionally", are used very differently. For example, one woman states, "Very infrequently; not oftener than once a month", while another says, "Quite often, at least once a month." In such cases, of course, interpretation is not necessary, but where the words are used without modification they may mean almost anything. And of course there is always the question of accuracy of memory.

TABLE XVII–A. PRESENT FREQUENCY OF PRACTICE OF THE GROUP CONTINUING TO MASTURBATE

Infrequently, rarely	40	
Not often, seldom	15	
		55
Occasionally	26	
Irregularly	25	
		51
Every night or so	2	
Sometimes daily; then not for weeks	4	

TABLE XVII-A—CONTINUED

Sometimes several times a day; then with intervals of months	2	
Daily for a time; then with intervals of ten days to two weeks	1	
Perhaps two to three times a night for a while; then with intervals of from one to two years	1	
		10
Once a week	5	
Once or twice a week	5	
Twice a week	2	
Three or four times a week	3	
Several times a week	2	
From twice a week to once a month	1	
"Weekly, but at irregular intervals"	1	
		19
Some weeks twice, some not at all	1	
Three times a week to once a month	1	
Once a week, sometimes less frequently	1	
		3
From two to three times a week or a month, according to feeling		5
Every three or four weeks		1
Once a month or oftener	1	
Once a month	10	
Once or twice a month	28	
From two to three times a month	10	
From two to six times a month	7	
		56
Once a month—sometimes less	2	
Once a month to once in two months	9	
Once in seven or eight months	1	
From several times a month to several times a year	8	
		20
From six to eight times a year	3	
From five to six times a year	5	
From three to four times a year	3	
About twice a year	6	
From two to three times a year	9	
From four to eight times a year	5	
About twenty times a year	1	
Once or twice a year	2	
Once a year, perhaps	2	
At intervals of several months	7	
		43
A year or more may elapse	1	
About once in eighteen months	1	
		2
"Frequently"	3	
"More or less"	1	

TABLE XVII–A—CONTINUED

Varying—at times frequently	1	
Formerly infrequent; more frequent since menopause.	1	
		6
Depends on fatigue, nervous tension, or emotional strain	4	
Only when excited or to distract mind from worry	1	
Only when excited by reading	1	
Only on stimulating occasions	1	
		7
"During periods of desire"	1	
"Never now except in sleep"	1	
"Whenever I have a chance to be with the person I desire to be"	1	
		3
Unanswered		27
Total		308

TABLE XVII–B.—FREQUENCY OF PRACTICE OF THOSE WHO HAVE STOPPED MASTURBATION

Infrequently, rarely, seldom, not often		62
Occasionally	12	
Irregularly	12	
		24
Once in a while	7	
At long intervals	3	
At intervals of several months	1	
At intervals of several weeks	4	
		15
Once only	7	
Once or twice	12	
Twice	1	
Two or three times	6	
Three times	4	
Three or four times	3	
Four times	8	
Several times	3	
Half-a-dozen times	5	
		49
"All the time"	1	
Several times daily	4	
Nightly	28	
		33
Nightly, then not at all for long intervals	3	
Often, frequently	15	
		18
From two to three times a week	1	
Once or twice a week	4	
Once a week	7	
		12
Weekly to monthly		3

TABLE XVII-B—CONTINUED

Several times a month	2	
Twice a month	2	
From one to four times a month	16	
Once a month	9	
		29
Once or twice a year	3	
From two to four times a year	4	
		7
Do not remember	18	
Unanswered	25	
		43
Total		295

In the group of those who are still practicing, there were 6, it will be remembered, who stated that they had never experienced the orgasm, and 2 who believed that they had never induced a complete orgasm. The 6 gave the following information with regard to age at beginning practice, and duration and frequency of practice:

Age at beginning practice	*Duration of practice*	*Frequency of practice*
4 to 6	25 to 27 years	"Occasionally"
19	19 years	3 to 4 times a week
24	9 years	Twice a month
25	4 years	"Intermittently—depends on amount of leisure"
"As an adult"	Indefinite	"Seldom"
Do not know	Indefinite	"Occasionally"

Of the two who believe that they have never experienced a complete orgasm, one stated that she had begun the practice at the age of twenty-two and had been indulging in the practice for 22 years. She did not answer the question as to frequency. The other, whose present age is twenty-eight, had begun "in the twenties" and stated that she indulged "about once in two months". One of these writes: "I believe I have never experienced the orgasm. I have tried in vain to produce it and am still trying."

REASONS GIVEN FOR THE PRACTICE

In Section C, 2 (b) of the questionnaire we endeavored to find out what in the minds of the writers were the reasons for the practice.

The question was asked:

> "Which of the following best describes why masturbation was practiced?
>
> "I. The desire for the pleasure thus secured. No great difficulty in stopping.
>
> "II. The desire for relief from physical tension.
>
> "III. Practiced only in or following exceptionally stimulating situations, such as spooning, dancing, reading of suggestive literature, vaudeville. Not troubled apart from such situations.
>
> "IV. An uncontrollable impulse, seemingly due to a craving for release from nervous or emotional tension. Effort to stop very unsuccessful.
>
> "V. Other reasons than those mentioned above."

We requested that these five items be graded 1, 2, 3, and so forth, according to the importance of the part they had played in the writer's own case, and that an X be placed before any items that were not applicable at all.

Table XVIII tabulates the order in which each question was checked. For example, No. I—"The desire for the pleasure thus secured"—was placed first in importance by 120 of the 213 checking this in the group that is practicing now, and by 107 of the 177 who checked it in the group who had stopped the practice.

Five individuals in the first and fifty-five in the second group failed to check any of the five reasons. Eighty-two and sixty-three respectively did not give No. I as a reason, but checked other reasons. It will be noted in comparing the two groups that there is no great difference in the percentages of those checking a given reason.

Table XVIII–B rearranges this data. In the group that has stopped the practice about 5 per cent more than in the group now practicing declare that "pleasure secured" was first among the reasons for the practice. Considering together the second and fourth statements, both involving relief from nervous tension, in the group now practicing 45.7 per cent check one of these as the primary cause. In the group that has stopped, the percentage checked is 34.5 or 11.2 per cent less. This may seem significant, but treated mathematically, twice the deviation of the difference amounts to 13.6 per cent. We cannot, therefore, consider it as a certain difference between groups of this size.

TABLE XVIII. REASONS FOR PRACTICE ARRANGED IN ORDER OF THEIR CHOICE

Grade given	*In group practicing now*		*In group that have stopped practice*	
	Number	Per cent	Number	Per cent
Reason I				
First	120	56.3	107	60.5
Second	66	31.0	51	28.8
Third	19	8.9	18	10.2
Fourth	8	3.8	...	...
Fifth	...	...	1	0.6
Total	213	100.0	177	100.0
Not checked	82		63	
Combined with another answer	8		...	
Entire question unanswered	5		55	
Entire group	308		295	
Reason II				
First	53	32.9	36	38.7
Second	81	50.3	46	49.5
Third	24	14.9	10	10.8
Fourth	3	1.9	1	1.1
Fifth	...	...	...	...
Total	161	100.0	93	100.0
Not checked	137		147	
Combined with another group	5		...	
Entire question unanswered	5		55	
Total group	308		295	
Reason III				
First	32	28.6	38	45.2
Second	47	42.0	32	38.1
Third	28	25.0	10	11.9
Fourth	4	3.6	4	4.8
Fifth	1	0.9	...	...
Total	112	100.0	84	100.0
Not checked	189		156	
Combined with another	2		...	
Entire question unanswered	5		55	
Total group	308		295	
Reason IV				
First	81	64.8	44	62.0
Second	29	23.2	21	29.6
Third	13	10.4	4	5.6
Fourth	2	1.6	1	1.4
Fifth	...	...	1	1.4
Total	125	100.0	71	100.0
Not checked	172		169	
Combined with another	6		...	
Entire question unanswered	5		55	
Total group	308		295	

TABLE XVIII—CONTINUED

Reason V				
First	7	30.4	7	41.2
Second	8	34.8	8	47.1
Third	3	13.0	2	11.8
Fourth	4	17.4	...	
Fifth	1	4.3	...	
Total	23	100.0	17	100.0
Not checked	280		223	
Entire question unanswered	5		55	
Total group	308		295	

TABLE XVIII–B

	First choice		*Percentages*		*Second choice*		*Third choice*		*Fourth choice*		*Fifth choice*	
	Now	Stopped	Now	Stopped	Now	Stopped	Now	Stopped	Now	Stopped	Now	Stopped
No. I	120	107	41.0	46.1	66	51	19	18	8	...	...	1
No. II	53	36	18.1	15.5	81	46	24	10	3	1	...	...
No. III	32	38	10.9	16.4	47	32	28	10	4	4	1	...
No. IV	81	44	27.6	19.0	29	21	13	4	2	1	...	1
No. V	7	7	2.4	3.0	8	8	3	2	4	...	1	...
	293	232	100.0	100.0	231	158	87	44	21	6	2	2
Two statements marked (1)	10	5										
No statements marked (1)		3										
Entire question unanswered	5	55			5	55	5	55	5	55	5	55
	308	295			236	213	92	99	26	61	7	57
No second choice					72	82						
No third choice							216	196				
No fourth choice									282	234		
No fifth choice											301	238
	308	295			308	295	308	295	308	295	308	295

TABLE XVIII–C. ITEMS CHECKED IN REASON III *

	In group practicing now	*In group that have stopped practice*
Suggestive literature	49	40
Spooning	16	5
Dancing	6	2
Vaudeville	5	1
No special item checked	51	55

* In a number of cases more than one item was checked.

The statement marked V asks for "other reasons than those mentioned above".

Seven individuals in each group marked this 1. The reasons given by those who are now practicing are as follows:

> 1. "Practiced mostly when I feel extremely blue and lonely and want to be loved by a man I know."
>
> 2. Satisfaction of desire of fiancé. (Began practice at fourteen years. Discontinued it, but began again when she became engaged. Has had sex intercourse with fiancé.)

3. "Curiosity. The desire to increase my sexual responses."

4. "An uncontrollable impulse." (Apparently all of Statement IV does not fit.)

5. Does not call impulse "uncontrollable", but induces orgasm because by so doing she feels "steadied and strengthened". Believes health and nerves better for occasional indulgence: "not oftener than once a month".

6. Sex daydreaming.

7. "After intercourse unsatisfactory to me."

The seven in the group who have stopped the practice and who check V as the principal reason give the following:

1. "By attempt to conceal menstruation before I received instruction regarding garments for it." (No preparation for experience itself.)

2. "For experimentation."

3. "Curiosity to know if it [the orgasm] would occur."

4. "To satisfy imagination as to what effect in feeling sexual intercourse may in part produce."

5. "Curiosity."

6. "The only experience in handling external organs that I had was to wake up in the night and find myself handling the external genital organs. This was no pleasure, but I seemed unable to prevent it. The practice continued until recently (present age, twenty-seven), but do not recall being annoyed with it for several months. It began when I was a child; was never extensive and probably due to itching of these organs from which I suffered at times until recently."

(N. B. This woman has been engaged to be married for the past sixteen months. Spooning with fiancé has been carried to the point of handling of sex organs by man. "My fiancé took the initiative and overruled my instinctive scruples", she says. "The worry caused by fear of going too far has been a considerable strain on nervous system.")

7. "Influence of my companions (girls)."

EFFECT OF MASTURBATION

Two questions under Section C 2 of the questionnaire relate to the effect of masturbation. Question 2 (d): "Did you believe the practice to be harmful?" was intended to refer to the practice in general, not necessarily involving personal experience. The results of the latter were to be presented in question 2 (g): "What, in your opinion, has been its effect upon you?"

Table XIX gives the answers to 2 (d), keeping to the division of those who are practicing masturbation at the present time and those who have stopped the practice.

TABLE XIX. ANSWERS TO THE QUESTION: "DO YOU BELIEVE THE PRACTICE TO BE HARMFUL?"

Reply	*In group practicing now*		*In group that have stopped practice*	
	Number	Per cent	Number	Per cent
1. Yes	146	54.5	165	71.7
2. No	97	36.2	56	24.3
3. Yes, if too frequent	10	3.7	8	3.5
4. "Yes and no"	4	1.5	...	...
5. Yes, formerly; not now	10	3.7	...	...
6. Not physically, but an infantile practice	1	0.4	1	0.4
Total giving definite answers	268	100.0	230	100.0
7. Do not know	26	*	21	**
8. Unanswered	14		44	
Total group	308.		295	

* These 40 cases constitute 13.0 per cent of the total group of 308 cases.
** These 65 cases constitute 22.0 per cent of the total group of 295 cases.

It will be noted that in the group that has stopped the practice the percentage of those who definitely answer the question yes is 17.2 per cent higher than in the group which practices now. The difference is sufficiently large to be certainly significant. A comparison with Table XX, however, fails to show any significant difference in the proportion of the two groups on the question whether the practice caused "any great amount of worry". It does show that in the group now practicing 12.7 per cent of those reporting who formerly "worried" have adjusted themselves so that they are no longer troubled.

TABLE XX. ANSWERS TO THE QUESTION: "DID THIS PRACTICE CAUSE YOU ANY GREAT AMOUNT OF WORRY?"

Reply	*In group practicing now*		*In group that have stopped practice*	
	Number	Per cent	Number	Per cent
Yes	102	34.9	89	36.5
"Some"	13	4.5	31	12.7
No	140	47.9	124	50.8
Formerly — not now	37	12.7	...	...
Total answering	292	100.0	244	100.0
Unanswered	16*		51**	
	308		295	

* The 16 unanswered cases constitute 5.2 per cent of the total.
** The 51 unanswered cases constitute 17.3 per cent of the total.

As to their opinions of the effect of masturbation upon themselves, the numbers of women reporting in each group are too small to justify any mathematical comparison.

TABLE XXI. ANSWERS TO THE QUESTION: "IN YOUR OPINION, WHAT HAS BEEN ITS EFFECT ON YOU?"

Effect	*In group practicing now*		*In group that have stopped practice*	
	Number	Per cent	Number	Per cent
None	98	38.3	103	47.9
Good effect	61	23.8	25	11.6
Bad effect	83	32.4	85	39.5
Physical	16		24	
Mental	59		53	
Both	2		6	
Unspecified	6		2	
Both good and bad	14	5.5	2	0.9
Total giving definite answers	256	100.0	215	100.0
Unclassified	18		1	
Do not know	8		5	
Unanswered	26*		74**	
Total group	308		295	

* These 26 unanswered cases constitute 8.4 per cent of the total group of 308 cases.
** These 74 unanswered cases constitute 25.1 per cent of the total group of 295 cases.

Table XXII requires no comment.

TABLE XXII. ANSWERS TO THE QUESTION: "DID YOU EVER CONSULT ANY ONE ABOUT IT?"

Reply	*In group practicing now*		*In group that have stopped practice*	
	Number	Per cent	Number	Per cent
Yes	45	15.1	25	10.0
No	253	84.9	224	90.0
Total answering	298	100.0	249	100.0
Unanswered	10*		46**	
Total	308		295	

*These 10 unanswered cases constitute 3.2 per cent of the total group of 308 cases.
** These 46 unanswered cases constitute 15.6 per cent of the total group of 295 cases.

It is noticeable that in the last three tables the percentage of the total number who fail to give definite answers is from three to five times as large in the group that have stopped the practice.

In Table XXIII the numbers are too small to admit of mathematical treatment. It is interesting to note, however, the much greater percentage of those in the first group who consulted some one might be expected to give expert advice.

TABLE XXIII. PERSON CONSULTED AS TO MASTURBATION

Person consulted	*In group practicing now*	*In group that have stopped practice*
Mother	6	8
Aunt	...	1
Sister	1	...
A girl friend	2	1
An older woman	2	...
A trained nurse	...	1
Physicians:		
A woman physician	5	5
A physician (sex unspecified)	15	2
Two different physicians (sex unspecified)	1	...
First a woman physician, then a man physician	1	...
A psychiatrist	1	...
A psychoanalyst	2	1
A Christian Science practitioner	1	...
Fiancé	2	2
"The man I love and have intercourse with"	1	...
"A neurologist dragged the question out of me. He was treating me for a nervous breakdown"	...	1
"My woman physician, my sister, two girl friends, and the man I loved, who was a physician"	1	...
Medical literature	...	2
No one except God	2	...
Total answering	43	24
Unanswered	2	1
Total who had consulted some one	45*	25**

* These 45 cases are 14.6 per cent of the total group of 208 cases.
** These 25 cases are 8.4 per cent of the total group of 295 cases.

We will return now to the questions considered in Tables XIX and XXI. In answer to the question, "In your opinion, what has been its effect upon you?" the writers have for the most part not been content with answering simply "good" or "bad", but have made statements concerning the nature of the effect. The same thing is true of the answers to the question concerning the harmfulness of the practice.

In order to discover any possible connection between experience and opinion, we have correlated the answers to the two questions in Tables XXIV and XXV, relating respectively to the two general groups we have been considering. Following each table, we present in detail first the specific answers as to effect on the individual under each group heading as shown in the table, and second, preserving the same grouping as to effect, the beliefs of the individuals composing the group as to the general harmfulness of the practice. So far as possible, we have used the phrases or sentences of the writers.

Where this is the case, it is indicated by quotation marks. So far as is humanly possible, we have refrained from putting our own interpretation of an answer into our classification. This accounts for the unclassified group and the numerous "effects" given by one individual only.

The most striking result of the correlations is the inconsistency of opinion and experience. Thus, in Table XXIV we find 61 women who are continuing the practice who from their own experience state their belief that the effects upon themselves have been physically beneficial. Fifteen of these, however, believe that in general the practice is harmful. On the other hand, four of the 83 who have experienced bad physical effects believe that the practice is not harmful.

Ninety-eight state that they felt no effects of any kind. Of these, 38 believe the practice to be harmful and 39 believe it not to be.

TABLE XXIV. CORRELATION OF ANSWERS TO (d): "DID YOU BELIEVE THIS PRACTICE TO BE HARMFUL?" WITH (c): "IN YOUR OPINION WHAT HAS BEEN ITS EFFECT UPON YOU?" IN THE GROUP WHO NOW PRACTICE MASTURBATION

		Answers to Question (d)							
Effect	Total	Yes	No	Yes, if too frequent	Yes and no	Yes, formerly; not now	Not physically, but infantile practice	Do not know	Unanswered
1. Good effect	61	15	37	...	...	4	...	5	...
2. Bad effect	83	67	4	...	2	...	...	9	1
3. Both good and bad	14	8	2	...	1	1	...	1	1
4. Effect unclassified	18	7	7	...	...	3	...	1	...
5. No effect	98	38	39	8	...	2	1	6	4
6. Do not know	8	4	1	...	...	...	...	3	...
7. Unanswered	26	7	7	2	1	...	...	1	8
Total who practice masturbation now	308	146	97	10	4	10	1	26	14

The detailed answers of this group to the two questions follow:

GROUP I. THOSE NOW PRACTICING MASTURBATION WHO BELIEVE EFFECT HAS BEEN GOOD

Relief from nervous tension (in some cases also added ability to concentrate on work, greater sympathy and understanding of others, etc.)	29
Relief from mental depression and despair	1
Has improved disposition; headaches have disappeared; general health better	1
More contented	2

TABLE XXIV—CONTINUED

Less bad-tempered	1
Satisfies emotional craving	1
''Stabilized my nervous system''	1
No physical result, but made them more tolerant of other people	9
Effect is stimulating—refreshing	2
A relief from sleeplessness	3
Gave greater understanding of sexual matters	2
Took away conceit—gave greater sympathy for weakness in others.	1
Improved health in every way	1
''A valuable safety valve''	1
''More normal because of it''	1
''Salutary at the moment and not harmful in the end''	1
''I think it has kept me sane''	1
''Effect has been good—*i.e.*, better than long periods of sexual starvation''	1
''Has given poise and dignity. Has taken away an undignified sort of curiosity I felt previously''	1
''Has furnished valuable information''	1
Total	61

GROUP II. THOSE NOW PRACTICING MASTURBATION WHO BELIEVE EFFECT HAS BEEN BAD

Mental effects:		
Caused loss of self-respect, feelings of shame, disgust, remorse, etc.	41	
A fear for years—dread of having to confess in case of marriage	1	
''Probably increased a tendency to introversion. I strongly suspect that I should find actual sexual intercourse a disagreeable experience. . . . A certain amount of perversion, in other words''	1	
''Physiological effects tremendously harmful—dread of ostracism, insanity, and spiritual punishment''	1	
Caused serious worry—no physical effects	1	
Weakened will power	4	
Causes too great thoughts of sex	1	
Dulled mental alertness; tendency to be morbid	2	
Less active brain; loss of mental energy	2	
Loss of efficiency in work	3	
Restlessness—inability to concentrate	1	
Believe it has affected memory	1	
		59
Physical effects:		
Has produced or increased nervousness	10	
Effect physically weakening	2	
''Weakened my back''	1	
Lowered vitality	2	
Sluggish and poor circulation, pasty complexion	1	
		16

TABLE XXIV—CONTINUED

Effect bad, unspecified		2
Both physical and mental:		
Morally degrading. Believes it has something to do with irregular menstruation	1	
Weakened mental power; led to sex intercourse	1	
"Weakened my character and injured my health"	1	
"Weakened me morally—induced bad headaches"	1	
Physical lassitude—"blurring of intellect and of æsthetic and critical sense"	1	
Physically has caused nervousness; mentally has produced great fear of being found out	1	
		6
Total		83

GROUP III. THOSE NOW PRACTICING MASTURBATION WHO BELIEVE EFFECT HAS BEEN BOTH GOOD AND BAD

Nervously exciting at times; at others soothing and conducive to sleep	1
Produces nervousness and self-consciousness, but makes more sympathetic and helpful to girls she works with	1
Makes her tired—produces feeling of shame, but is "glad to have that much of sex life"	1
Leads to feeling of weakness and depression, but helps her in understanding girls	1
Produced pain in top of her head, but "was a step toward deeper sex experience and understanding of self." (Thirty-two years old, secretary; has had sex intercourse)	1
Lack of self-control has lessened self-respect, but more sympathetic to people who have yielded to temptation	1
Causes sleeplessness and tension, but understands girls better (an M.D.)	1
Shameful failure in self-control, but physical relief and gives ability to concentrate on work	1
"Physical relief has been good, but worry about it has been bad".	1
"Physically, has caused nervousness and over-sensitiveness to all sense impressions. Mentally, made me more tolerant of weakness in others"	1
Sometimes soothing and puts her to sleep, but she believes it is connected with neuritis of arm	1
In adolescence caused nervousness; now a relief from tension	1
Has given physical and mental relief, but has caused mental uneasiness in past, as she was taught as a child it was wrong	1
Led to impure thoughts and weakened will, but has taught something of strength of sex desire and made her more charitable	1
Total	14

TABLE XXIV—CONTINUED

GROUP IV. THOSE NOW PRACTICING MASTURBATION UPON WHOM EFFECT IS UNCLASSIFIED BY THEM

Stimulated sex interest	3
''Convinced me that I am not frigid, but repressed to an unnatural extent''	1
''Caused me to develop the powers necessary to struggle against it''	1
''Chief effect is that it has made me more sensitive to sex stimuli—desire physical side of marriage. Previous to practice had no real understanding of passion.'' (Age thirty-one)	1
Relief from strain, coupled with increased desire for full satisfaction	1
Thinks experience as a child kept her from feeling a normal passion for opposite sex	1
''Formerly I think the worry entailed by feeling that my sex impulses were strong (when I supposed that sex processes should normally go on without any sensations whatever), and that I had not the will power to stop them, was one of the factors leading to a nervous breakdown. Now, although I try to avoid it as much as possible and while it seems a bit abnormal, I am not worried by it''	1
''Probably not harmful, but necessary to full sexual development.'' (Believes it harmful in general)	1
''Makes men attractive to me''	1
''Perhaps has affected my heterosexual impulses by providing satisfaction in another way''	1
''Makes me long for marriage''	1
''The desire for relief seems to wipe out all my usual inhibitions along this line. I suppose this means weakening of will''	1
''A very clear idea of the difference between instinct and love''	1
''Greater sex desire when tired''	1
''Am afraid now to love a woman. Has made me stand-offish in making friends.'' (Has practiced mutual masturbation)	1
''I do not believe that it has harmed me morally or mentally. I do think that it has led to emotional experiences with other girls''	1
Total	18

GROUP I. ANSWERS OF THOSE WHO FIND EFFECT GOOD IN THEIR PERSONAL EXPERIENCE TO QUESTION 2(d): ''DID YOU BELIEVE THIS PRACTICE HARMFUL? IF SO, WHY?''

No, unqualified	10	
No; from personal experience	20	
No, if in moderation	5	
No; gathered from reading and doctor	2	
		37
Yes, because they have read so, though they find beneficial results in their own cases	8	
Yes, believes it unnatural	1	
Yes; special cases—''mental complex''	1	
Yes, ''if indulged in for pleasure''	1	
Yes. Innate feeling of wrongdoing	1	

TABLE XXIV—CONTINUED

Yes, because usually associated with introspection and morbidity	1	
Yes. ‘‘New England conscience thinks it should be; experience does not seem to prove it so.’’ In her own case has made her more sympathetic with people who are tempted...	1	
Yes; injurious to self-respect generally. In own case relief from mental distress and despair	1	
	——	15
Yes, in past; has learned to control it and finds beneficial results		4
Do not know. (One adds, ‘‘Feel it to be adultery’’)		5
		61

GROUP II. ANSWERS TO QUESTION 2(d) OF THOSE WHO FIND EFFECTS BAD IN THEIR OWN PERSONAL EXPERIENCE

Yes. Based on own experience and what they have read and heard.	67
Yes, when practiced for pleasure; for relief, no	1
No, though ashamed of practice	3
Yes and no	1
‘‘No, not particularly’’	1
Do not know	9
Unanswered	1
	83

GROUP III. ANSWERS TO QUESTION 2(d) OF THOSE WHO FIND BOTH GOOD AND BAD EFFECTS IN PERSONAL EXPERIENCE

‘‘See no harm for one of my age.’’ (36.) In the past has caused nervousness; now relieves nervous tension	1
Yes and no (from personal experience)	1
No; has had a vague idea it ‘‘isn’t the thing to do’’; from personal experience has had no harmful physical effect. Finds it nervously exciting at times; at times soothing	2
Yes—personal and told so	8
Do not know	1
Unanswered	1
	14

GROUP IV. ANSWERS TO QUESTION 2(d) OF THOSE WHOSE ANSWERS IN REGARD TO PERSONAL EXPERIENCE WERE UNCLASSIFIED

Not certain		1
Yes, formerly; no, at present		3
Yes; made more sensitive to sexual stimuli	2	
Yes, unqualified	1	
Yes; diverts thoughts from work	1	
Yes. ‘‘I believe it grows in intensity. It must be degrading and leads to nothing good.’’ (For effect on self, she states: ‘‘I believe it makes men more attractive to me.’’)	1	
	——	5

TABLE XXIV—CONTINUED

Yes. "Have read so"		1
Not physically—has caused feeling of shame in own case	1	
No—because of no personal ill effect	1	
No, because of belief that "effect is same as that of sexual intercourse, which is usually considered beneficial"	1	
No, not physically	1	
No, because of own mental attitude. Looks upon it as prophylaxis	1	
No. Has not thought about it	1	
No, because in own case motive is not directly associated with sex	1	
No, merely rather dirty	1	
		8
		18

GROUP V. ANSWERS TO QUESTION 2(d) OF THOSE WHO BELIEVE THERE HAS BEEN NO EFFECT UPON THEM

Yes, if practiced too often	3	
No, unless practiced too often	5	
		8
No, unqualified		17
No, because no harmful effects observed in own case		12
No effects observed, but had always heard so		2
No; "natural" or normal		3
Yes, formerly, because thought unnatural No, now, because no ill effect observed		2
No, because three different doctors told her so		1
No, from her observation of her own case, but "I knew it was bad for boys. Had never heard of it being done by girls, and I wondered whether it was harmful, but seeing no bad effect in my own case, decided it was not"		1
No, "except as any habit may become tyrannical"		1
No, "but undesirable"		1
No, "but unæsthetic"		1
Yes, unqualified		1
Yes, physically and mentally		1
Yes, because of difficulty of stopping practice		2
Yes, unnatural or abnormal		4
Yes; "did not know it was normal"		1
Yes, because it must consume energy or vitality		7
Yes; must produce thought of sex		1
Yes; knew it instinctively		1
Yes, because it lowers self-respect		1
Yes, because it might lead to mental or physical disorder		1
Yes, morally—not physically		1
Yes; an artificial nervous stimulus with no proper physiological outlet		1
Yes, formerly because a secret practice; now she does not. (Has had sex experiences with men)		1

TABLE XXIV—CONTINUED

Yes; temporary feeling of shame	1
Yes; may increase dissatisfaction on account of stimulation of desire	1
Not physically, but is an infantile form of gratification	1
Yes, because they have been taught or have read so	13
"Cannot say", "do not know", "in honest doubt"	6
Unanswered	4
	98

GROUP VI. ANSWERS TO QUESTION 2(d) OF THOSE WHO "DO NOT KNOW" WHAT THE PERSONAL EFFECT HAS BEEN

No	1
Not to health; rather beneficial; causes shame	1
Yes, have read or been told so	3
"Don't think it has harmed me, but may have taken away ambition and initiative"	1
"Am wondering—because practice grows more frequent"	1
Do not know	1
	8

GROUP VII. ANSWERS TO QUESTION 2(d) OF THOSE WHO DID NOT ANSWER IN REGARD TO PERSONAL EXPERIENCE

No, unqualified	5
No, in moderation	1
Yes, when practiced too frequently	1
No, because it satisfies instincts which might become uncontrollable	1
"Do not think so, but all comments would lead me to believe it so"	1
Physically, no; mentally, yes	1
Yes, unqualified	1
Yes; have been told or read so	3
Yes, emotionally	1
Yes; it seems like an attempt to substitute something for an experience unmarried women are destined not to have	1
Yes; "spiritually degrading; indicates lack of control, character, will power"	1
Do not know	1
Unanswered	8
	26

Table XXV gives the correlation of the answers of the women who have stopped the practice.

TABLE XXV. CORRELATION OF ANSWERS TO (d): "DID YOU BELIEVE THIS PRACTICE TO BE HARMFUL?" WITH (g): "IN YOUR OPINION WHAT HAS BEEN ITS EFFECT UPON YOU?" FOR THE GROUP WHO HAVE STOPPED THE PRACTICE

		Answers to Question (d)						
Effect	Total	Yes	No	Yes and no	Yes, if too frequent	Not physically, but infantile practice	Do not know	Unanswered
1. Good effect	25	12	7	...	3	...	1	2
2. Bad effect	85	68	8	...	2	...	5	2
3. Both good and bad	2	2	...	...	...	...	...	...
4. Effect unclassified	1	...	1	...	...	...	...	...
5. No effect	103	56	30	...	2	1	8	6
6. Do not know	5	2	1	...	...	...	2	...
7. Unanswered	74	25	9	...	1	...	5	34
Total who have stopped practice	295	165	56	...	8	1	21	44

The detailed answers to the two questions in this group were as follows:

DETAIL OF ANSWERS TO QUESTION: "IN YOUR OPINION WHAT HAS BEEN ITS EFFECTS UPON YOU?" FOR THE GROUP WHO HAVE STOPPED THE PRACTICE

Good effects		
Gave relief from tension	8	
Made for understanding, consideration, and charitableness	8	
"Taught me something I wanted to know"	1	
Stimulated mentally	1	
Less harmful than prolonged nervous tension	2	
"Made me wiser and more careful"	1	
"Taught me to guard other children"	1	
Stimulated and increased heart action	1	
"Gave me a sense of power because I was able to break a seated habit"	1	
"A release for natural sex feeling which would otherwise have shown itself in being crazy about boys"	1	
	——	25
Bad effects, physical		
Weakening, debilitating	5	
Connected it with general fatigue	2	
Developed local sensitiveness	1	
Produced or increased nervousness	7	
Partly cause of nervous breakdown	1	
Produced insomnia	2	
Weakened nervous system and bladder control	1	
Replaced normal sex relations	2	
Caused pimples	1	
Caused enlarged thyroid and leucorrhea (latter either cause or result)	1	
"Am only five feet tall; think it stopped my growth"	1	
	——	24
Bad effects, mental		
Caused feeling of shame	7	
Caused depressed sense of disapproval	1	

TABLE XXV—CONTINUED

Caused abnormal self-consciousness	3	
Caused greater sex consciousness	3	
Caused feelings of disgust, inferiority, loss of self-respect	13	
Caused feelings of moral or spiritual degradation	5	
Caused mental distress and depression	3	
Caused worry, distress, and depression	2	
Caused dislike of meeting people	1	
Caused inability to remember common words	1	
Caused attacks of acute melancholia	1	
Spoiled a good mind	1	
"Made me self-centered and reserved"	2	
No physical bad effect, but "to do what one thinks is wrong is bad morally"	1	
"Made a certain dissociation within me because I felt it an illegitimate sex pleasure"	1	
Weakened moral fiber and increased tendency to sex thoughts	2	
"An unpleasant memory"	1	
"Made me afraid to marry"	1	
Fear lest she reveal practice in delirium	1	
Increased pessimism	1	
Weakened moral fiber and dissipated power of concentration	1	
Great mental effect because of imagined results	1	
		53
Both physical and mental bad effects		
A feeling of relief, followed by a feeling of shame; then a period of intense resolve	1	
Injury to both health and self-respect	2	
Believes she could have done better mental and physical work but for habit	1	
Increased nervous and emotional sensibility	1	
"Caused the only serious illness in my life, an operation and suicidal tendencies"	1	
		6
Bad effects, unspecified		2
Both good and bad effects		
"Relieved tension, but induced fear of possible bad consequences and shame that I had yielded"	1	
"It sapped vitality, but now I've lived through it, I have a strength of mind and character I might not have had otherwise"	1	
		2
Unclassified		
"None, except that I wonder about practice among girls to-day"	1	
Do not know	5	
Unanswered	74	
		80
No effects		103
		295

GROUP I. ANSWERS OF THOSE WHO HAVE STOPPED PRACTICE, BUT FOUND EFFECT GOOD IN THEIR PERSONAL EXPERIENCE TO QUESTION 2(d): "DID YOU BELIEVE THIS PRACTICE TO BE HARMFUL? IF SO, WHY?"

No, unqualified	4	
No; from personal experience	2	
No; "it seems a natural reaction to certain stimuli"	1	
		7
Yes, unqualified	1	
Yes, spiritually and physically	1	
Yes; "puts to ignoble use a noble power"	1	
Yes; taught so by mother	1	
Yes; knew father and mother thought so	1	
Yes; told it induced insanity	1	
Yes; heard it was	1	
Yes; may produce nervous tension	1	
Yes; read so	1	
Yes; wastes energy	1	
Yes; trains subconscious mind to dishonesty	1	
Yes, as anger, fear, or any intense emotion is harmful	1	
		12
Yes, if too frequent		3
Do not know		1
Unanswered		2
		25

GROUP II. ANSWERS TO QUESTION 2(d) OF THOSE WHO FIND EFFECT BAD IN PERSONAL EXPERIENCE

No, unqualified	2	
No; only in a vague way	1	
No, not at the time	3	
No, because has not affected physical health, but has increased her pessimism	1	
No; has caused her to lose her self-respect, but has not injured health	1	
		8
Yes, unqualified	4	
Yes, because had read or been told so	14	
Yes, from personal experience	37	
Yes; instinct, conscience, ethical principles, etc., said so	6*	
Yes, physically, mentally, and spiritually	1	
Yes; it seems unnatural	1	
Yes; it is degrading, unclean, secretive	1	
Yes; not necessary or right	1	
Yes; might lead to harmful practices	1	
Yes, as it produces feeling of shame	2	

---

* One of these writes: "I believe it to be a moral disgrace and a physical injury. I believed it would make it wrong for me to marry without confession, a thought that appalled me. I was deeply religious and had a dreadful sense of disloyalty to God and all that I wanted to be true."

TABLE XXV—CONTINUED

Yes, if too frequent	2	
"I do not know"	5	
Unanswered	2	
	——	77
		85

GROUP III. ANSWERS TO QUESTION 2(d) OF THOSE WHO FOUND EFFECT BOTH GOOD AND BAD

Yes. "I knew it to be abnormal, and I loathed the lustful imaginative element in it deeply."

Yes; "not physically, but spiritually, as evidence of weak control."

GROUP IV. ANSWERS TO QUESTION 2(d) OF THOSE WHOSE ANSWERS WERE UNCLASSIFIED AS TO PERSONAL EFFECT

No, from personal experience.

GROUP V. ANSWERS TO QUESTION 2(d) OF THOSE WHO BELIEVE THERE HAS BEEN NO EFFECT UPON THEM

Yes, unqualified	5	
Yes; had read or been taught so	14	
Yes; abnormal and unnatural	5	
Yes; religious and moral scruples	8	
Yes; waste of nerve force	4	
Yes; not open and frank	1	
Yes; from observation	1	
Yes; danger of starting hetero-erotic desires	1	
Yes; "sex impulse has got to be sublimated in unmarried women"	1	
Yes; leads to feelings of shame and remorse—uncleanness	6	
Yes. "I believe in normal intercourse. Danger of this practice spoiling pleasure in intercourse. It might weaken one"	1	
Yes. "Granting the legitimacy of sex pleasure, this form is rarely associated with clean associations. You don't care to think of a man you really love and honor in connection with it"	1	
Yes; danger of carrying it too far	4	
Yes; makes people more "shut in"	1	
Yes; leads one to think too much of sex matters	3	
	——	56
Yes, if too frequent		2
No, unqualified	18	
No; too ignorant at time (misunderstood question)	2	
No; from personal experience	6	
No, except I knew others would not approve	1	
No, "not physically"	1	

TABLE XXV—CONTINUED

No. "I read it was not harmful except when one worried about it"	1	
No. "It did not occur to me that it was a common practice; I supposed it individual"	1	
		30
No, not physically—only silly		1
"I do not know"		8
Unanswered		6
		103

GROUP VI. ANSWERS TO QUESTION 2(d) OF THOSE WHO "DO NOT KNOW" WHAT THE PERSONAL EFFECT HAS BEEN

No; from personal experience	1
Yes; it degrades character	1
Yes; "not from personal experience, but have read so"	1
Do not know	2
	5

GROUP VII. ANSWERS TO QUESTION 2(d) OF THOSE WHO DID NOT ANSWER IN REGARD TO PERSONAL EFFECT

Yes, unqualified	6	
Yes; taught so	4	
Yes; from personal experience	4	
Yes; unnatural, unwholesome, unclean	4	
Yes; bad mental effect	2	
Yes; might lead to immorality	1	
Yes; harmful to character	1	
Yes; "instinctive feeling"	1	
Yes; "if to excess"	1	
Yes; "leads to unproductive interests"	1	
Yes, if too frequent	1	
		26
No, unqualified	4	
No, "only wrong"	1	
No; a relief rather than a harm	3	
No, but "I don't think it a nice thing"	1	
		9
I do not know		5
Unanswered		34
		74

CORRELATION OF MASTURBATION WITH PRESENT HEALTH

Unquestionably the most important consideration in connection with masturbation is its effect upon health, both physical and mental. The material on which the present study is based gives certain data that are at least suggestive.

On page 1 of our questionnaire, "general information", preceding by five pages that which discussed masturbation, we ask for information as to general health:

> "Grade each period as follows: very poor—poor—fair—good—excellent
> "(a) During childhood (until menstruation)
> "(b) During adolescence (up to college)
> "(c) During college years
> "(d) Since college years"

Only one woman out of the first one thousand failed to answer this question. Only seven women stated that their health since college had been "very poor" and but forty-four answered "poor". We have classed these together in considering health.

Table XXVI gives the answers to the question of present health divided among the various groups we have been considering. Three-quarters of the entire group are enjoying good or excellent health.

TABLE XXVI. CORRELATION OF MASTURBATION WITH PRESENT HEALTH

Present health	*Entire group*		*Group practicing now*		*Group that have stopped practice*		*Group that have never practiced*		*Unanswered as to masturbation*	
	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent
Excellent	394	39.4	134	43.5	103	35.0	130	39.8	27	38.6
Good	375	37.5	116	37.7	107	36.4	121	37.0	31	44.3
Fair	179	17.9	42	13.6	64	21.8	64	19.6	9	12.9
Poor†	51	5.1	16	5.2	20	6.8	12	3.7	3	4.3
	999	100.0	308	100.0	294	100.0	327	100.0	70	100.0
Unanswered as to health	1				1					
Total	1,000	...	308	...	295	...	327	....	70	...
Excellent + good	769	77.0	250	81.2*	210	71.4*	251	76.8	58	82.9
Fair+poor	230	23.0	58	18.8	84	28.6	76	23.2	12	17.1
	999	100.0	308	100.0	294	100.0	327	100.0	70	100.0

†Of these 7 say "very poor"; 4 in the group that have stopped practicing and 3 in the group that have never practiced.

As between the various groups making up the whole, an inspection of the table shows the greatest percentage difference between the group that is practicing now and the group that has stopped the practice. These groups are indicated by the stars in the table.

Adding together "good" and "excellent" and "fair" and "poor", the size of the groups and the percentage of difference make it possible to show that it is certainly significant, and that the better health of the group now practicing is a real difference and not due to chance sampling.

Differences between other groups are not sufficiently large to be significant.

The question suggested itself as to the relationship, if any, of health to the time of beginning masturbation. If the practice is begun in mature years, is it more or less likely to be physically harmful? To determine this we placed in the two groups "18 years and over" and "under 18 years" all cases that could be assigned definitely to these periods. We also combined "excellent" with "good" and "fair" with "poor" in order to obtain groups sufficiently large for mathematical comparison, but between no two groups were there any appreciable differences.

CORRELATION OF MASTURBATION WITH PRESENT SEX PROBLEMS

Section IV of our questionnaire deals with sex problems. It is introduced as follows:

> "Another very important aspect of this study of the sex life is a knowledge of the problems which have arisen from time to time in the lives of individuals. At present we have meager data. We do not know, even approximately, what proportion of people have sex problems at different periods of their development. We do not know in any detail the nature of these problems. And what is of still greater importance, we do not know how they have handled them. We have reason to believe that the problems of childhood are not the problems of adolescence; that the problems of adolescence are not those of adulthood.
>
> "In the interest of a better understanding of the sex life, we earnestly ask that you give frank and full replies to the following questions:
>
> "1. Are you being bothered with anything pertaining to sex now? Please describe the problem in detail.
>
> "What do you think is the reason or cause of it?
>
> "What are you doing to solve this problem?"

Other questions follow, dealing with the periods of adolescence and childhood. A complete report on this section will be made in the future. For our immediate purposes we concern ourselves simply with present problems. We have tabulated the answers to Question 1 of Section IV as shown in Table XXVII.

TABLE XXVII. CORRELATION OF MASTURBATION WITH PRESENT SEX PROBLEMS

Problems	*Entire group*		*Group practicing now*		*Group that have stopped practice*		*Group that never practiced*		*Unanswered as to masturbation*	
	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent
Has no problem	540	59.1	139	46.3*	143	57.4*	208	68.9*	50	80.6
Problem masturbation	69	7.6	65	21.7	4	1.6	...	...	...	...
Has another problem	304	33.3	96	32.0	102	41.0	94	31.1	12	19.4
	913	100.0	300	100.0	249	100.0	302	100.0	62	100.0
Unanswered	87		8		46		25		8	
Total	1,000		308		295		327		70	

* Differences in percentages sufficiently large to be significant.

Where masturbation itself offers a problem to the individual, it has been separated from other sex problems.

Sixty-nine members of the total group have not been able to adjust the mental conflicts that have resulted from the practice. Of these, 65 still continue masturbation. Most frequently, where the character of the problem is discussed in detail, it concerns itself with moral or ethical considerations, occasionally with the fear of physical or mental consequences which reading or teaching leads them to believe may follow.

In a considerable number of cases a word or phrase such as ''masturbation'', ''wickedness of masturbation'', is all that is given.

Inspection of the table shows that the largest percentage of those with no problem occurs in the group that have never practiced masturbation and the next largest in the group that have stopped the practice. The differences, when compared with the group now practicing, are large enough to be significant.

On account of the significant difference in present health between the groups that have stopped and that are now practicing, a comparison seemed interesting between ''other sex problems'' in these two groups. It appeared possible that the higher percentage in the group that had stopped the practice (9.0) might be significant, or more specifically that the giving up of the practice of masturbation, with the possible easing up of conscience in this respect, might be followed by the substitution of some other sex problem.

To obtain a larger group, we added the cases found in the extra 183 questionnaires. This raised the number that had "other" sex problems in the group that had stopped the practice to 117 and in the group now practicing to 159, but did not materially affect the difference, which was still too small to be significant.

In addition to the 69 cases in which masturbation is considered a present problem, there are 35 others who, in the section devoted to problems, stated that they had so considered it in the past, but had made their adjustments.

Many of those who have stopped the practice never considered it a problem, especially those who had carried it on only in childhood. A number of women, mostly teachers, find it a problem in dealing with children in their care, although not a personal problem.

MASTURBATION COMBINED WITH OTHER SEX PRACTICES

Table XXVIII shows the various combinations of auto- and hetero-erotic practices. It will be noted that 288 individuals, or 30.4 per cent of those who answered as to one or more of these practices, deny all such experiences, while 25 individuals have had them all.

We defined the homosexual relationship in our questionnaire as "an intense emotional relationship with another girl or woman" which included "such physical expression as bodily exposure, mutual handling of organs, mutual masturbation, or other intimate contacts". From this table we excluded "intense emotional relationships with another woman or girl" which were "without physical expression other than kissing or the ordinary endearments of close friendship".

Homosexual relations as well as sex intercourse will be dealt with in a future report.

TABLE XXVIII. SHOWING COMBINATIONS OF AUTO-EROTIC AND HETERO-EROTIC EXPERIENCES

Masturbation only	396
Sex intercourse only	12
Homosexual experiences only (with physical expression)	43
Both masturbation and homosexual experiences	115
Both masturbation and sex intercourse	67
Both sex intercourse and homosexual experiences	1

TABLE XXVIII—CONTINUED

Masturbation, sex intercourse, and homosexual experiences....	25
All these sex experiences denied............................	288
Questions relating to all these experiences unanswered.........	53
	1,000

Summary

Total who indulged in masturbation at some time...............	603
Total who had sex intercourse.................................	105
Total who had had homosexual experience.......................	184

CONCLUSION TO PART I

In the foregoing pages we have attempted to present the statements of the women who answered the questionnaire so far as possible in their own words. We have endeavored to refrain from any personal interpretation of data. We have not tried to support or refute any theories as to the physical or mental causes or results of auto-erotic practices. Nor have we considered any ethical aspects of the question. Our task is solely to collect and present material as a contribution to what we believe to be a fundamentally important problem—that of the nature of sex and its relationship to the whole of life.

Part II of this paper will deal with data from the questionnaire for married women.

A CLINIC IN SPITE OF ITSELF

CATHERINE E. CONWAY

Psychologist, Department of Public Instruction, Rochester, New York; formerly Field Agent, New York State Commission for Mental Defectives

IN July, 1922, the New York State Commission for Mental Defectives was asked by a county agent for dependent children in northern New York to send an examiner to make mental tests of problem children, as the agent felt that she could not intelligently handle the cases that repeatedly came to her without some understanding of contributing causes. The work was confined almost entirely to winning the confidence and making mental examinations of members of various branches of one family, the Larkers,[1] which for many years has contributed heavily to the quota of dependents and delinquents who must be cared for by the public. An account of what was accomplished is not inappropriately entitled *A Clinic in Spite of Itself.*

This family is a by-word in the town. Its various branches are poor and shiftless, and there is hardly a time when one or more of them are not dependent. The male members occasionally get into court for sexual offenses and abuse of children. Unlike many other degenerate-dependent families, there is very little, if any, known illegitimacy. This is no doubt due to the fact that the girls marry very young. Assistance has been given by the town for so many years that the various families have come to expect it, but court interference has made them suspicious of any outside agency whose mission is other than to dole out fuel, food, or clothing. For this reason, the clinic was conducted in the midst of a recreation center which first of all had to be created in the little schoolhouse in Larkerville.

The first afternoon and the following morning, the children's agent had no difficulty in getting to the courthouse—where it was at first intended that all the examinations should be made—six children and four adults, all of whom were so low grade mentally that it never occurred to them to ask the why of the examination. Their trip to the courthouse simply meant an auto ride, and they coöperated so well and were so anxious to please that it seemed as if they had the impression that their opportunity to ride home again depended on their conduct while at the courthouse.

---

[1] The names used in this paper are fictitious.

The problem of reaching the higher-grade, but more troublesome members of the family had then to be solved. There was Roland, the fifteen-year-old son of Nick Larker, born in Larkerville, who was only in the second grade and who was reported by the teacher as being "a very bad boy". His sister, Caroline, who was almost twelve years old, was also in the second grade, and she was reported by the teacher as "being a bad influence over the others in the school because of her bad sexual habits". It was hinted that Caroline was in the habit of having sexual relations with her cousins, but this statement could not be verified. The success of our clinic was to be gauged by our ability to reach and examine these two children of Nick Larker, for if we could get them, we could surely reach the less troublesome members of the tribe.

It so happened that in one of the families there was a low-grade defective child who could not walk and who was becoming a great burden to her family. It was planned to visit this child in her home, look over the situation, and, if conditions were at all favorable, examine her there. This child was so obviously defective that there was no need of an examination, especially under conditions such as existed in this home. While the agent was there, however, the mother complained that her eight-year-old boy was "ungovernable". We informed her that we were going to be at the school the next morning and would be willing to go over his case with her then. This was the only child we asked to come to the school, but before we finished, we had examined at the school building twenty-three in all.

From the home of the low-grade defective child, we went over to the little settlement where practically all of the most degenerate of the Larker family lived, with the sole purpose of winning Mrs. Nick Larker's friendship, so that we could get her to coöperate with us in having Caroline and Roland tested. The children's agent had already sent her nurse to bring these children to the courthouse, but they and their parents immediately became suspicious and refused to come. It was to see if we would have any better luck with Mrs. Larker that we went to her home. As soon as she saw us coming, she grabbed the youngest of her children and started to run wildly through the field with the older children after her. There was nothing for us to do but retreat.

We resolved to make a recreation center so attractive that the runaways would want to join us. We chose the two-room school building in the heart of Larkerville, where the children could be given plenty of opportunity to play and still be within reach when wanted for examination.

On our way from the Nick Larker home, we talked to a neighbor, also a Larker, and told her that our purpose was to ascertain, if we could, the reason why the children did not get along better in school. We told her that if any of her children were not as far advanced as she thought they should be, we would be glad to see them at the school any time during the next few days. We already had the names, ages, and record of school progress of all the children in that community.

That was the extent of our publicity, and when we left Larkerville that afternoon, we had to trust to luck that the curiosity of the Larkers would be sufficiently aroused to bring them to school on the next day.

When we arrived at the schoolhouse the next morning, the mother with the eight-year-old "ungovernable" boy and about ten or fifteen of the Larker children were there to greet us. All were invited in and the process of elimination was begun immediately. Having collected a group of fifteen or twenty girls and boys (the number increased as the morning wore on) ranging in age from six to fifteen, our next problem was how to entertain them so that they would continue to come of their own accord until all had been examined. It was also necessary that the news of the good time the other children were having should reach Caroline and Roland Larker, so that they in turn would come of their own accord.

While the mental examinations were going on in another room, the children's agent had the children sing, play games, and tell stories. This was sufficient entertainment for the first morning, but a special feature had to be introduced for the afternoon. Lollipops served this purpose. We went back to the school in the afternoon fortified with four dozen lollipops, and before the middle of the afternoon, they were all gone. Additional features were story reading and setting-up exercises which some of the children were given the privilege of conducting.

The next day had also to be provided for, and the children were asked how they would like to have their pictures taken. The cheering and clapping that followed assured us of the success of that plan. Since our numbers had doubled during the lollipop (first) afternoon, we felt safe in assuming that there would be a still greater increase the next day. Our group of big and little boys and girls was growing so large that the problem of entertainment was becoming quite complicated. We therefore enlisted the help of a scout leader in town to assist with the big boys, and the children's agent brought her assistant to help with the girls.

The picture day arrived, and with it more and more children, some dressed in their very best, which was poor, others in the same clothes that they had worn the day before because they had nothing else. One boy came on horseback, which was the setting he desired for his picture. With him, to our surprise, was our much-desired Roland, standing by the horse and preparing to have himself included in the horse picture. When everything was in apparent readiness for the picture, the agent asked Roland who he was. In a sly, timid manner, he replied, "I'm Roland Larker." To this the agent replied, "All right, Roland, step aside. Only those who were here yesterday are to have their pictures taken." Roland felt badly about being rejected, but hung on and showed plainly that he did not enjoy being an outsider, and when the scout leader arrived and began making plans for a baseball game, Roland did not need a second invitation to join the group. From then on, he became a regular attendant at the recreation center, and was given several tasks to perform which made him feel very important.

It was not until the last afternoon that Roland, like the other children, asked to be examined. The examination was made a very special privilege and almost no one was examined without asking for it. There was an air of mystery about being taken away from the group that aroused the curiosity of the children.

After lunch the second afternoon, the usual group of children were at the schoolhouse door waiting for us, but among them was Mrs. Nick Larker, who had run away from us only two days before. With her was her daughter, Caroline. We greeted them in a casual manner and invited them to come in and hear the children sing and listen to the stories. Later on, when the recreation for the afternoon was under way and I was busy giving a mental examination, a knock came at my door. Thinking it was the children's agent, I called, "Come in!" When the door opened, I was surprised to find Roland Larker and his mother standing there. Thinking that they had lost their way from the other room, I started to direct them to where they would find the children's agent, but Roland replied, "My mother does not want her. She wants to be examined." I wanted to turn out the child I was working on and give my time to Mrs. Larker, for to have her surrender herself in this way was much beyond our expectations. But I felt that to examine her then would give her the impression that we were very anxious to have her come. So, in fear and trembling lest she should not return, I risked telling her that we were working on children that day, but would be glad to talk with her if she came back in about two days.

With Caroline and Roland coming of their own accord, we felt that we had gained a great deal in a couple of days. But while we were somewhat anxious as to our ability to hold their interest and keep them coming, we felt that the time was not yet ripe for examining either of them. We had, therefore, to invent some means of holding them until this was accomplished.

Having decided upon the day when we would have to bring the work to a close, we promised the children an ice-cream party on the afternoon of that day. We also promised to invite some of the prominent people of the town to come and enjoy the entertainment which the children would furnish. We made it plain that only those children who had been to the school every day would have the privilege of taking part in the entertainment. The prominent people invited were those who were on the committee for welfare work, but to the Larkers they were the people who provided for them in the winter, people whose good will should be retained. The purpose of inviting these people was twofold: first, they furnished an additional attraction for the afternoon, and second, we wanted them to see the need of a recreation center. We felt that when the children would come to the schoolhouse of their own accord during summer vacation, much could be accomplished with a regularly organized recreation center. The Larkers had never been allowed to suffer for food and clothing when they were in need, but no attempt had ever been made to prevent their dependency or to teach them to live more wholesome lives.

We continued our games, songs, and so forth, until the last day, which was the banner day. On that day, every one came prepared with ice-cream appetites, those who had good clothes dressed for the occasion. Mrs. Nick Larker was on hand, more concerned about not having had her mental examination than she was about getting her ice cream. We found time to examine her. The morning of that day, Roland submitted himself, and the day before Caroline had asked for the privilege of being examined.

We felt that the party was a big success, both for us and for the children. We had accomplished what we had set out to do, the children had had as much ice cream as they could eat, and there was enough left to send home to the mothers and younger sisters and brothers who had not come.

Results of the Examinations

Thirty-one children in all were examined.[1] One child who did not belong to the tribe slipped in by mistake and was found to have an intelligence quotient of 113. The range of intelligence of the others was as follows:

22 had intelligence quotients below 70, the range being from 39 to 70;
6 had intelligence quotients between 70 and 80;
2 had intelligence quotients between 80 and 85.

---

[1] Original records and copies of the reports are on file at the office of the New York State Commission for Mental Defectives.

The 4 adults tested had intelligence quotients between 39 and 50.

Recommendations

Our suggestions as to what this situation needs if it is to be adequately handled are as follows:

1. Further study, so that institutional care can be provided for the low-grade defectives before they have a chance to marry. One of the women tested has an intelligence quotient of 39. Her two married daughters, twenty-three and thirty years old, respectively, have intelligence quotients of 41 and not more than 35. Her twelve-year-old daughter has an intelligence quotient of 49 and is in the first grade in school. The children of the married daughters, who were tested, have intelligence quotients of less than 70.

2. A special class. There were enough children examined to show the immediate need of organizing such a class. Further work would probably reveal the necessity of reorganizing the whole school.

3. Supervision of the high-grade defectives. Our work of a little more than a week showed that these people are amenable to supervision, once they get the idea that the interference is not meant in an unfriendly way. A recreation center is needed not only as a place where the children can have their recreation directed, but also to afford the person who undertakes supervision an opportunity to observe them.

4. A venereal-disease clinic, where those who are already afflicted can be treated and those who are in danger of contracting the disease can receive information. Nothing has been done in this direction as yet, though the doctors in town state that a very high percentage of the members of this tribe are so afflicted.

Our work was far from being a systematic survey or a complete family study, but enough was accomplished to furnish the children's agent with information that will help her to handle the various families more intelligently and, most important of all, to show the need for further study.

While the work was being done, the agent wrote and outlined her problem to the director of the special-class work in the state education department, to the director of the section on venereal disease of the state health department, and to the director of the Eugenics Record Office. It is only with the intelligent and generous coöperation of many agencies that such a situation as that presented by the Larker family can be adequately treated.

A PLEA FOR GREATER FRANKNESS IN DEALING WITH THOSE WHO ARE MENTALLY SICK

RANSOM H. SARTWELL, M.D.

Senior Assistant Physician, Foxborough State Hospital, Foxborough, Massachusetts

THE subject of this article was suggested to the writer by the frequent statement, by mentally sick patients in this and other hospitals, that certain promises had been made to them and not carried out. A little investigation in altogether too many of these instances has shown that such promises were actually made, by sympathetic friends, the physician, or the family, in order to induce the patient to accompany them to the hospital without causing a scene. This, in the case of a non-suspicious patient, gave him or her a basis for the evolution of suspicions and consequent loss of confidence in friends, medical advisors, and humanity in general, and in the case of a suspicious patient constituted a logical and plausible reason for clinging to his or her beliefs.

This practice, I feel, cannot be too strongly discouraged not only previous to, but also subsequent to the admission of a patient to the hospital. In patients who are profoundly demented and only in such patients will it do no harm, but it is almost impossible, especially for those not intimately familiar with psychotic patients, to say just which ones are demented to such a degree as not to be able to comprehend what is said to them enough to be affected by it. Patients with dementia praecox, for instance, may to all appearances not take in or remember what is going on about them, but upon close analysis it is learned in nearly every case that, during the early stages of the disease at least, they are cognizant of everything that has taken place about them, although at the time of occurrence they doubtless gave no outward manifestation of comprehension.

These patients, even though they may not recover, should be made as happy and as free from mental discomfort as possible, and this cannot be done if they are given reason to believe that those whom they should trust and upon whom they are dependent are deceiving them and not stating the real facts to them. Patients who are keen enough to notice the discrepancies between what they are told and the actual situation find in them a reason, which in their mental state they are only too anxious to seize, for believing that inasmuch as they have been disappointed by those whom they trusted most, every one is deceiving them. Under such circumstances it is difficult to obtain coöperation from them in their treatment. Please understand that I do not intend to infer that "paranoid ideas" are evolved on this basis, but I do feel that in patients with such ideas, it does not add to their mental comfort to have their delusional ideas reinforced by actual facts.

No physician with several years' experience in the care of those who are mentally sick can say, I believe, that he has not seen cases in which he has observed definite harm come from statements made to the patients by sympathetic friends in their efforts to smooth things over. And we who are working with patients after they have reached the hospital will find it much easier to gain, hold, and retain the confidence and coöperation of both the patient and his relatives if at all times we are frank in our discussion of his case, even though we may seem a bit brutal at the time.

I wish to mention a case in which the deleterious effect of lack of frankness is brought out even more forcibly than usual. In this patient, who finally recovered, the course of the psychosis was, I feel, definitely retarded by impressions gained and retained as a result of statements made by friends during the early course of his illness.

This patient, a boy of twenty, was admitted to the hospital May 14, 1919. A diagnosis of manic-depressive psychosis, manic phase, was made. He was hyper-active, elated, and expressed numerous grandiose ideas, practically all of which were centered about military matters. He stated that he was a lieutenant-colonel in command of a fleet that would in a few days fly across the Atlantic; that he was under orders and might, almost any day, be sent to some other post; and that he had been in the military service secretly, as a detective, for some time, but had formally enlisted only the previous October. He immediately associated the hospital with his military ideas. He announced that he was going to make it over into a military hospital for returned soldiers and began by addressing the attendants as "general" or "captain".

His history shows that he enlisted in the Students' Army Training Corps in October, 1918—the date he gave as that of his formal enlistment—and that soon afterwards he became somewhat over-active, ambitious, and self-confident. He was discharged in December, 1918. A little later he went to a Western state to live with an uncle, his parents believing that a change of surroundings might improve his condition.

In February, 1919, his uncle wrote to the father that the patient was so "swelled up with self-importance" that he was at a loss to know just what to do with him.

He became acquainted with a young military officer, a captain, who apparently took quite an interest in him. The patient then, in his over-enthusiastic state, imagined that he was in the service and would soon be commissioned. Of course it was impossible to care for him outside of a hospital in his manic condition and therefore, on March 18, 1920, he was taken to a hospital.

Relative to the *modus operandi* of his commitment, his uncle, in notifying the father, wrote: "Arrangements were completed for his commitment to the —— Sanitarium. We got him there yesterday under the pretext that he had to go there to undergo a severe examination for a commission in the regular army. He doesn't realize where he is other than that he is under Captain C——'s orders." The patient himself, after recovery, stated that he was told by the captain that he was 95 per cent perfect and that he was to go to the sanitarium for a month for further examination for the aviation service. He described various incidents that took place while he was there and said that at the time he considered them all a part of the examination that he was told he was undergoing.

Here at the hospital, he gradually became more tractable, the pressure of activity lessened, his conduct became less erratic, and within a month he was able to apply himself quite well to definite tasks. He then became less talkative and did not express his delusions spontaneously, but, when questioned, he still insisted that he was an officer in the aviation corps and would be ordered elsewhere shortly, basing his assertions upon the fact that Captain C—— had assured him, before he entered the hospital, that he was being sent there for examination for the service and that subsequently he had been told that he was being prepared for his future work in the army.

On September 2 (about three and a half months after admission) a note made in his case stated that he was beginning to doubt the validity of his ideas and to question his ever having been commissioned in the army. He said, however, that it was very difficult for him to overcome this idea because it all seemed so real to him, his having been told by an army officer that he had joined the army and was to be commissioned.

A couple of months later, after he had improved still more and had gained some insight, he was able to see the absurdity of his ideas and to convince himself that the statements made to him were made only to get him to go to the hospital willingly. Previous to coming to this conclusion, however, he had to, as he said, destroy his faith and confidence in his friends, which was very hard for him to do because he trusted them implicitly and could not believe that they were deceiving him until he was forced to do so by his own reasoning.

He now has been getting along well outside the hospital for nine months and has, I believe, recovered from his psychosis. During one of his visits to the hospital, while discussing his past illness, he emphatically declared that he might have given up his "imaginary ideas" much sooner and much more easily, had he not been encouraged in them and given a logical basis for believing in them by friends whom he hated not to trust. He voluntarily added: "In my opinion my friends did me a great injury in telling me those stories and encouraging me in my false ideas, and if I had a friend who was mentally sick, I would never make such statements to him."

This is only one case that might be mentioned, but I think it illustrates clearly the point I wish to bring out—the inadvisability of not being fair and frank with patients in discussing with them their troubles and the disposition of their cases. Although, in the average case, the association may not be so much in evidence as in the case cited, it is just as potent a factor in the production of deleterious results and in circumventing our efforts to assuage the mental anguish of our mentally sick patients.

In conclusion, I wish to state that what has been said regarding evasive and misleading statements made previous to the admission of a patient to a hospital holds true with equal force with reference to those made, perhaps by hospital physicians or nurses, subsequent to admission. Even though these patients may show mental aberration, a ''square deal'' is just as much appreciated and just as efficacious with them as with normal people.

THE BACKBONE OF AN OCCUPATIONAL BUILDING FOR MEN MENTAL AND NERVOUS PATIENTS

LOUIS J. HAAS

Director of Therapeutic Occupations, Bloomingdale Hospital, White Plains, New York

MR. T. B. KIDNER has so ably discussed the subject of planning for occupational therapy[1] that it seems only fitting to begin the present paper with a quotation from him. ''Ten years ago'', Mr. Kidner states, ''outside of hospitals for nervous and mental diseases and some half dozen sanatoriums for tuberculosis, institutions for the care and treatment of the sick made no provision for a form of treatment which has assumed importance in the past three or four years—namely, occupational therapy. To-day, the relief and cure of suffering by means of an appropriate occupation form a part of the treatment in almost all kinds of institutions devoted to the care of sick and disabled persons.

''As far as hospitals for the mental and nervous diseases are concerned, this form of treatment has been applied for many years, and is well recognized as a necessary part of the regimen of such institutions. In point of fact, one of the leading psychiatrists of the country, Dr. T. W. Salmon, who had charge of neuropsychiatric work in the American Expeditionary Force, has said: 'Occupational therapy will some day rank with anesthetics in taking the suffering out of sickness and with antitoxins in shortening its duration. The greater part of the distress in chronic diseases is mental, and occupational therapy is, thus far, our only means of dealing with this factor.' ''

The object of the present paper is to set forth the various needs that an architect must plan to meet in designing a building to house the occupational-therapy activities of the men patients in a hospital for mental and nervous diseases. While it is unquestionably true that occupational treatment was first used with mental and nervous patients in this country over one hundred years ago, nevertheless those who are planning occupational-therapy shops for this branch of the work have a new problem before them. A satisfactory solution of this problem in each instance requires that all the light of experience in occupational treatment be brought to a careful analysis of the relation of structural formation to therapeutic needs. The medical director of the institution must not only appreciate this, but must also carefully guide the occupational therapist and the architect through that period of close collaboration which spells success. As has been intimated, much more is involved than architectural features—style of interior, light, heat, capacity, exits, and the like. Only a few buildings have been constructed for the express purpose of housing occupational departments, and those designed expressly for the treatment of mental and nervous patients are still fewer in number, so that hospital architects are not familiar with the requirements. A brief description of certain phases of the treatment now in use in hospitals for mental and nervous patients may help to make clear what these requirements are.

---

[1] See ''Planning for Occupational Therapy'', by T. B. Kidner. *The American Architect,* Vol. 123, pp. 291-99, March 28, 1923. Reprinted in *The Modern Hospital,* Vol. 21, pp. 414-28, October, 1923.

In its present state of efficiency, occupational therapy is the outgrowth of an active evolutionary period of over one hundred years.[1] The idea that diversion of certain kinds had a curative value is many centuries old, and although the idea that work had a curative value was conceived much later, it was born nearly 2,000 years ago. Over one hundred years ago we find the incarnation of these two ideals in the thought of certain pioneers of our own and other countries who were interested in improving the treatment and care of the mentally ill. These pioneers and the workers who followed in their footsteps made much use that was helpful of certain diversions and employments, but until recently, as a result of certain handicaps under which the work labored, the treatment was never applied with much precision. About

---

[1] In tracing this evolution, material has been used from *Occupational Therapy at Bloomingdale Hospital*, prepared by the present writer and published by the Society of the New York Hospital.

1850 or 1860 a period began when certain activities were overshadowed, and it was not until about thirty years ago that it was again recognized that occupation of some kind would be of value in the treatment of persons suffering from mental disorders—occupations that would divert the patient's thoughts from himself and his condition, taking up the time usually spent in idle brooding and possibly giving the patient a good deal of satisfaction in the doing.

Although it was believed that such work might be of therapeutic value, little use was made of it in this way at first. True, certain patients were employed in gardening, care of the grounds, working in the kitchen, or helping about the halls in numerous ways. Those who easily adapted themselves to this kind of occupation were employed, but little was done to meet the needs of the larger number of those to whom such work did not appeal and who could not adapt themselves to it. So for many years not much was accomplished. There were two reasons for this: first, it was difficult to find occupations of interest to men especially, and, second, it was difficult to find persons competent to teach occupations to sick persons.

It is possible to trace in certain hospital records the efforts that were made to overcome the handicaps mentioned above. These efforts kept the work alive until the movement to introduce handicrafts in the schools of this country began to bear fruit. Occupational therapy then gained an impetus that carried it through its period of development and prepared it for the expansion that came with the war. As a result of this, hospitals that for years to come would not have realized the need for this treatment, now recognize it and are prepared not only to use occupational therapy, but to make ample provision for the most efficient form of it known.

The use of work as a therapeutic agency, when proposed by the earlier pioneers over a hundred years ago, was considered a curative diversion. Those who were responsible for the reincarnation of the idea of curative work some thirty years ago, and who gave it the impetus that has been responsible for its healthy growth since, thought of it and called it "diversional occupation". During the last ten or twelve years, occupational experience has been much enriched both by the adaptation of certain crafts to meet certain clearly seen needs and through the study of the patient's reaction to certain forms of occupational treatment, until now it is possible to use this treatment with such precision that the very name, occupational therapy or therapeutic occupation, denotes its value as a curative agency.

In directing therapeutic occupation, one must study personality that one may adapt one's method of presentation to all the different types of patients. There are those who take no interest in anything, those who are overconfident, and those who have no confidence whatever in their ability; there are the elated, the depressed, those who are so interested in everything that they cannot concentrate long enough to accomplish anything and those who refuse to work. Thus it will be seen that the modifying or adapting of one's method of presentation of a subject to meet the requirements of patients is by no means easy, as it often means presenting the hardest phase first simply because the patient is interested in it. The interest is something to work with, even though the patient is not capable of tackling so difficult a problem. The work has to be entirely individual. Class presentation of a subject is impossible. In the organization of occupational work, then, the important thing is to know, first, what types of patient are to be treated, and next, what facilities will be available for the presentation of various crafts. If the facilities offered allow of careful classification, a number of subjects may be selected that have a known therapeutic value.

Now a word as to why a number of crafts should be included in the work of a men's occupational department if it is to be completely and carefully organized. Experience has shown that there are three classes of patients to be treated: first, those who cannot be trusted with tools with which to work; second, those who can be entrusted with tools, but seem to react in a neurotic way to them; third, those who are capable of using tools and who desire to be so employed. For the first class, we have such subjects as basketry, weaving, brush making, and chair caning, which require the use of practically no tools and may be used as occupations for people who are very sick. For the second class, there are such occupations as cement work, bookbinding and printing, and so forth, subjects that call for much more technical ability, yet do not require the use of many tools. Occupations for the third class include metal work, jewelry, carpentry, wood turning, art forging, and the like, which necessitate the continual use of many tools, much supervision on the part of the instructor, and ability on the part of the patient to adapt himself to the use of tools. Separate rooms should be allotted to these various subjects and the department should be so equipped and organized that they may be taught simultaneously to the different classes of patients.

Other forms of occupation are presented whenever a patient is found to be capable of developing an aptitude for them and circumstances permit, so that from time to time patients may be employed at such activities as making chair bottoms of flat reed, hooking rugs, turning interesting objects of wood on the lathe, making electric reed lamps, restringing tennis rackets, or making tennis, basketball, laundry, and other nets on specially designed looms. Some who show special aptitude may be employed at art enameling, *repoussé* work, and spoon forging, while still others will be employed at small miscellaneous repair jobs.

The above list is representative of the crafts that have been found most suitable for therapeutic needs. Local conditions may necessitate slight modifications of this list, and many departments do not include so many crafts. One hospital whose departments are recognized as standards numbers thirty crafts in its men's department. It will be recognized that as the requirements made of this treatment agency are many, the department that can present a large variety of crafts can best meet its problems.

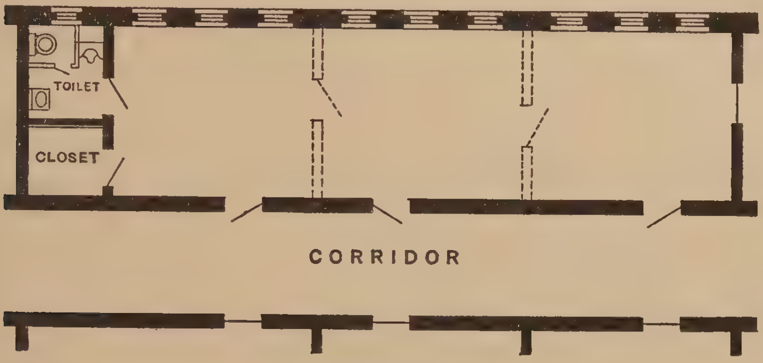
Such subjects as free-hand or mechanical drawing, painting, and clay modeling are not, in my experience, suitable as occupational crafts for men mental and nervous patients. When the exceptional man with a special previous training and real talent along these lines is met and the nature of his disease permits him to use his talent in a therapeutically constructive manner, existing facilities may be adapted to such treatment. It has been observed that the reaction of the average mental patient among men to the activities just named is untherapeutic and the results are usually far from constructive.

Only a few hospitals can organize departments with as large and varied a list of crafts as has just been enumerated, but in the selection of a smaller list care should be taken to secure a well-balanced group of crafts. The earlier departments, which were well balanced, usually consisted of the following crafts: basketry, brush making, chair caning, and carpentry. In the light of experience, we see how wisely these were combined and how this simple group of four crafts forms the backbone of all that has been developed and found useful in the therapeutic employment of the sick man. Basketry takes care of that group which needs the maximum of precautions, carpentry of those who need no precautionary measures, while brush making and chair caning meet certain needs between these two extremes. Chair caning, like basketry, requires no tools, while brush making leans toward carpentry in that it requires a few simple tools. All that has been developed since the time when departments consisted of this four-craft skeleton is but a rounding out of this framework. A study of the addition of new crafts from this angle shows how, unwittingly no doubt, the balance was preserved, the new crafts helping to divide the needs between the two extremes into equal steps or stages, with the result that as the department developed, the placement of the patient became simpler and the treatment could be applied with more precision.[1]

These, then, are the basic principles that should underlie the construction of an occupational building: such an arrangement of the available floor space as will meet the need for various kinds of therapeutic workshops and such an assignment of the various crafts that the requirements of precaution, of degrees of coördination, and of susceptibility to the noises of audible crafts may be most effectually met. It may seem that an unnecessary amount of time has been taken to make clear these simple basic principles, but experience with architects, and even with some medical men who have planned permanent occupational-therapy shops without having had a period of experience with temporary accommodations, has been of such a nature that it is felt these basic principles cannot be made too clear or overemphasized. For the same reason it does not seem unwise to call attention to certain errors that have been made in planning for occupational therapy in mental and nervous hospitals, as well as to possible satisfactory arrangements, in the accompanying floor plans.

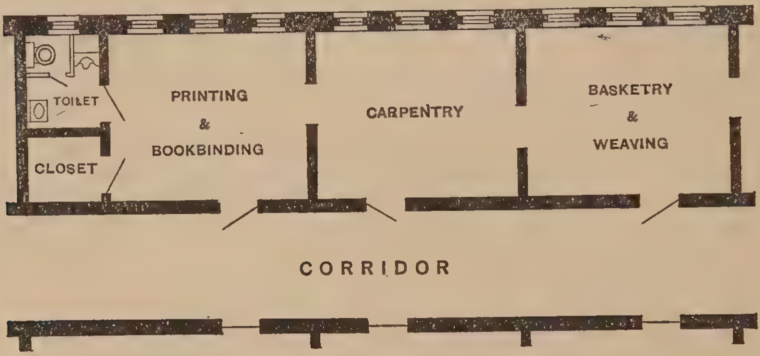
---

[1] See ''Crafts Adaptable to Occupational Needs: Their Relative Importance'', by Louis J. Haas. *Archives of Occupational Therapy,* Vol. 1, pp. 443-55, December, 1922. Also Chapter 4 of *Occupational Therapy for the Mentally and Nervously Ill,* by Louis J. Haas, to be issued at an early date.



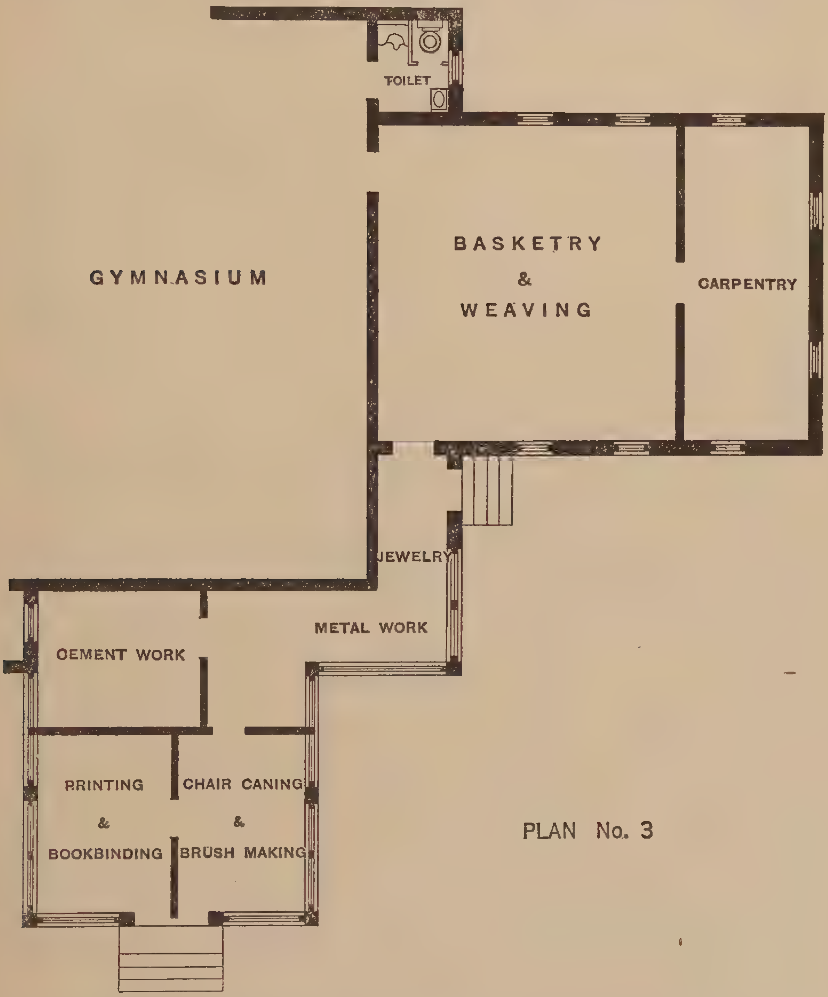
PLAN No. 1

Plan 1 shows the simplest form of temporary quarters for occupational-therapy shops—a few adjoining rooms not needed for other purposes, often located in a half basement, lighted on one side, connected by doors between the rooms, and opening on a long corridor through which the shops must be entered; not a good place for so important a treatment, but the place where many shops must, possibly, be located at first. There is not much opportunity here for therapeutic arrangement, yet two mistakes are frequently made: First, because of an insufficient number of therapists, in the interest of economy and supposedly more efficient supervision, the division walls shown by dotted lines are removed, making one big room of these three good rooms. Here such crafts as basketry, weaving, printing, bookbinding, and carpentry are presented to all the patients who are receiving occupational treatment in the shops. No graver mistake can be made. A seriously depressed patient who for precautionary reasons is employed at basketry or weaving has often but to reach out, not leaving his chair, to take a keen-edged tool with which his neighbor may with safety be employed. It is obvious that efficient precautionary supervision cannot under these circumstances be maintained. Also it is untherapeutic for a patient to be aware that his every action is anxiously watched. The above mistake has been and is still being made. Second, where the rooms are used without removing the division walls, for various reasons the crafts are mislocated, as shown in Plan 2. Then, because the patient might wander if left in the corridor, the access to the toilet for those in the basket and weaving room is through the carpentry and then the printing shops. It is quite evident from what we have already said that the basketry room should be next to the toilet; that printing and bookbinding should occupy the middle room, as these crafts occupy the center of the precautionary scale in this group; and that carpentry should be located in the room farthest from the toilet. Should a depressed patient get from the basket room into the print shop for even a short period unobserved, the opportunities for self-injury would be negligible as compared with those offered in the carpenter shop.



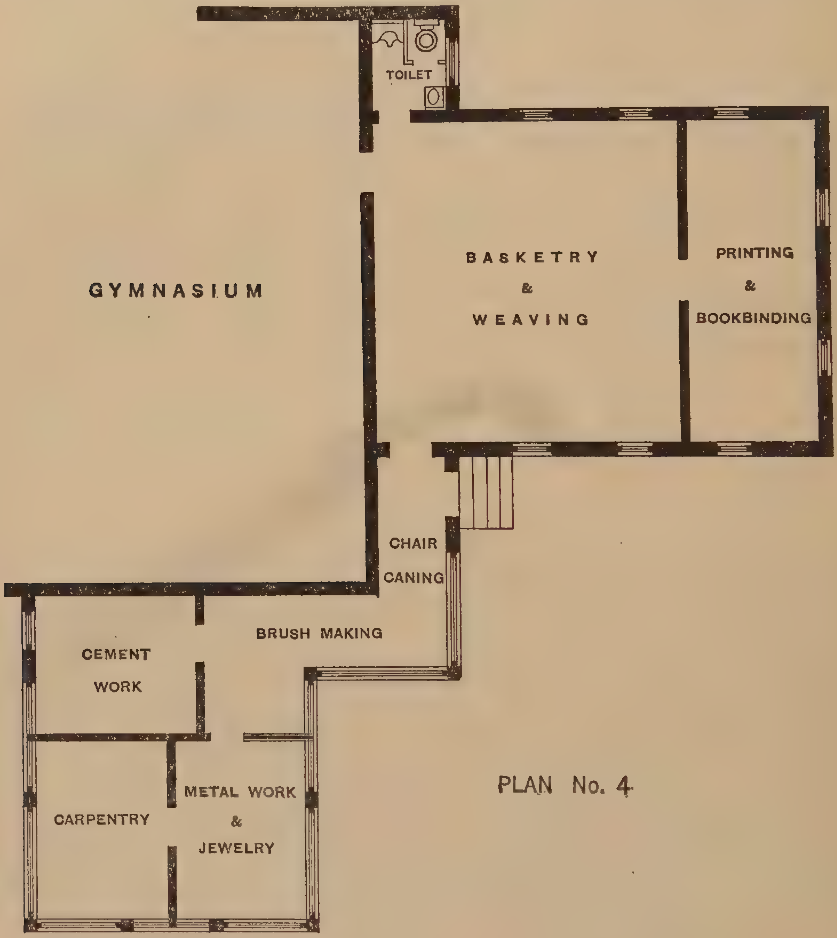
PLAN No. 2

A more extensive temporary occupational center is shown in Plans 3 and 4—a group of rooms in a separate building, the rest of the building housing the physical-education department for the men. These quarters were used for nearly four years, the crafts being arranged as shown in Plan 3. In passing, attention is called to the unwise placing of the basketry and carpenter shops and to the fact that the only access to the toilet was through the gym room, all tending to handicap and complicate the proper supervision of the patients. The same group of rooms could have as easily been arranged as shown in Plan 4, eliminating these errors and presenting a perfect grouping of the crafts according to the precautionary scale.



PLAN No. 3

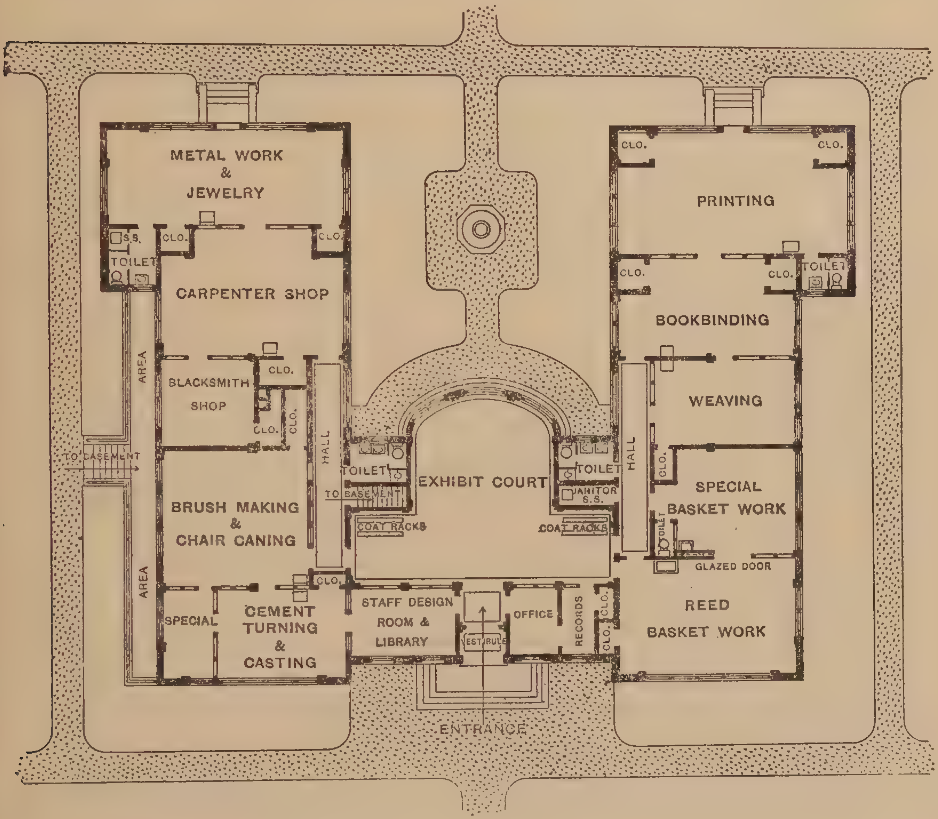
The problem that now looms large is the planning of the special building that is to house the occupational-therapy workshops. The floor plan shown in Plan 5 is an adaptation of an actual building, designed for this special purpose, which has been successfully used for a number of years. All the good features of this building have been considered as well as its few weak points, and an effort has been made to



PLAN No. 4

eliminate the errors and to retain all that was found satisfactory. The present writer realizes that many other points enter into the plan of a building than those that have been considered here, but upon these other points the architect is well informed. Only the essential basic principles that enter into the arranging of the floor space into rooms need be emphasized: "These are the isolation of and grading of noises, the isolation and grading of the use of tools according to the degree of precautions required, grading of processes according to the degree of coördination required, and the planning to have those shops adjacent which may augment each other."[1]

The U-shaped plan solves certain of the light problems, the others being met by fourteen-foot ceilings and tall windows that go nearly to the ceiling. Floor plans of other shapes doubtless could be as satisfactory. The feature that is most noteworthy is the grouping of the shops. There is one main entrance and two other entrances. One enters the building through a vestibule into the exhibit court. Here the



PLAN No. 5

---

[1] *Occupational Therapy for the Mentally and Nervously Ill*, Chapter 5. See note 1, page 742.

new patient receives his first impression of occupational therapy from the cases, which contain an imposing exhibit of all the best work of the department. This court is a continual inspiration, as the patients congregate here at the end of each period before leaving the building. The court also solves satisfactorily certain supervisory problems. Adjoining this court are certain rooms used by the occupational staff—the director's office, the occupational-records room, the staff design room, and the library. The staff design room contains drawing tables, where each instructor can work over problems and plan new designs, consulting the files of the occupational library for suggestions.

One of the wings of the building is given over to the quiet crafts, which also meet the need of patients who require the presence of few, if any, tools. Here, too, those patients who exhibit varying degrees of confusion and of defective coördination can be most therapeutically placed. The crafts here, beginning at the end of the scale that affords the maximum of precautions and meets the most marked degrees of confusion and coördination defect are basketry, netting, and so forth, weaving, bookbinding, and printing. The special basket room is designed to meet the needs of those who are so sick that they might annoy others and who also require special attention.

The other wing of the building is arranged to grade as to precautions, confusion, and coördination requirements and the audibility of the crafts. Attention is called to the arrangement of the partition walls, which are seven feet high and partly of brick, partly of glass, making for better lighting and supervision. It should also be noted that full-height brick walls are used in partitioning the two basketry rooms, isolating these rooms from the other more or less audible crafts. Here patients who are susceptible to noises can be placed without being disturbed by the industrious hum of the other shops. Full-height brick walls are also arranged about the sections given over to the most audible crafts, thus isolating the noise to these sections. Care has been taken to provide sufficient closets in which to keep the various supplies, small equipment, tools, and work in process of construction. The placement of toilets also has been carefully considered. The basement should be fully excavated and should contain the dye room, the tool room for the outdoor group, storage room for large quantities of supplies and large finished articles. Space will be found here for lumber-storage racks while a large room for heavy cement work will take care of the activities of the outdoor group during the winter months. Here also will be cured and stored all finished cement work.

Now as to the means of deciding what space and accommodations should be provided for occupational therapy in an active hospital service for mental and nervous patients. Experience with men has shown that the number occupied varies from 70 per cent to 85 per cent of the daily population, where other therapeutic activities, such as an organized physical-education department, exist. Should occupational therapy alone serve the hospital's need, the number thus treated might even at times reach 90 per cent of the daily population. It therefore seems sound to give 80 per cent as the proportion of the daily population that may be expected to receive treatment in the occupational department. Thus a hospital that has 150 beds for men averages a daily population of about 145, and this figure may be accepted as a basis, even though it fluctuates materially throughout the year. The proportion occupiable—80 per cent or, say, 115 men—will be divided between hall and shop occupations (the outdoor group being included in the shop figure). The percentage occupiable in the shop will depend on the provisions made. If the shops provide suitable facilities to accommodate every patient who can possibly attend, and there is a decided therapeutic reaction found in the shops that cannot be produced on the halls, then provision should be made for 80 per cent of the total of those occupiable, or about 92 men. It is possible at certain treatment peaks that this figure may be passed for short periods of a few days, but the organization of the shops is flexible enough to take care of this. Some experiences may alter these figures slightly, but not sufficiently to effect their being accepted broadly as a working basis.

Therefore the shop should accommodate a total of from 90 to 94 patients at both sessions. To this number should be added 10 to 12 men employed in the outdoor occupations, making the accommodation figures read 100 to 106. These figures allow a working margin of 8 to 14 places which must exist to permit of careful placement and such treatment changes as are from time to time indicated. The larger margin is preferable. Experience in occupational work in hospitals of this type indicates that about 71 per cent of the patients attend both periods, even with physical-education programs to engage part of the patients' efforts and time. Thus an occupational shop, to be rated with a total capacity of 90 to 94, would require one-period accommodations of about 70 to 74. These accommodations would be apportioned, in the light of experience, as shown in the tabulation at the bottom of the page. The figure in front of the craft represents its relative importance from a therapeutic standpoint, which cannot be considered in detail here. Within this group, facilities exist that make possible certain secondary crafts or activities previously indicated which raise the total number of crafts usable to thirty. Should reasons exist for selecting a smaller group of major therapeutic crafts, it seems wisest to drop a sufficient number of those crafts preceded by the largest numeral.

The number of patients to be provided for in each craft activity is followed by the net amount of floor space required per capita. It will be noted that the square feet of floor

TWELVE MAJOR THERAPEUTIC CRAFTS, SHOWING RELATIVE IMPORTANCE, RATIO OF ACCOMMODATIONS, AND SQUARE FEET OF FLOOR SPACE PER CAPITA EACH CRAFT REQUIRES

Relative importance		*Number of patients*	*Square feet per capita*
9	Tennis-racket stringing, etc.	3	35
1	Basketry	15	50
2	Brushes and chair caning	8	50
4 7	Art metal Jewelry	10–12	50
9	Weaving, etc.	6	50
8	Bookbinding	6	55
3	Carpentry	8	65
5	Printing	8–10	65
8	Blacksmithing, etc.	3	65
7	Concrete work	3	90
6	Outdoor group, one-period capacity—6 to 8 patients.		
	Outdoor group, two-period capacity—8 to 12 patients.		

space required per capita ranges from 35 feet to 90 feet; these figures cover the actual floor space allotted to the shops and their equipment, but do not include corridors, office, library, exhibit court, and so forth. The net average floor space is 58 square feet, while the gross floor space (exclusive of basement) averages 76 square feet per capita.

The most successful method of approach indicated by experience is as follows: The occupational therapist or director of therapeutic occupations will decide on the list of crafts deemed desirable to meet the local problem, will figure on the number of occupiable patients as indicated by hospital population and experience with type of cases treated, and so forth, and will map out in a tentative way the floor space desired.

In studying the problem, the director of therapeutic occupations will do well to cut out of light cardboard outline drawings, made to scale, of the floor space covered by such equipment as benches, looms, type cases, presses, and the like. These bits of cardboard can be moved about on his tentative floor-space plans and located with pins, so that such problems as aisle space, elbow room, and the like, may be studied and easily solved. When the director has settled to his own satisfaction these various questions and has recorded the data upon a rough tentative floor plan, this should be taken up in conference with the medical director. When the tentative plans have taken sufficient form to be approved by both the medical director and the director of therapeutic occupations, they should be placed in the hands of the architect, forming the basis for his tentative plans. The architect's plans should be, in turn, studied by the director of occupations, who should suggest any changes he wishes made, presenting these with his approval to his medical director; and finally these should be carefully considered at a joint conference of the architect, the medical director, and the director of occupations. A number of these staff conferences and joint conferences should be held as the plans take form, and when finally approved, the plans should be presented to the hospital board.

The problem does not end with the embodying of all the desired features in the approved plan. The medical director and director of occupations must follow up the construction; in fact, daily visits to the building by the director of occupations will pay dividends in satisfactory results. The most complete plans require supervision to guarantee satisfactory execution. Questions that arise during the construction of the building should be brought immediately to the architect's attention by the medical director. If the problems involved in planning the occupational-therapy building are carefully considered and plans and active construction are followed up in a spirit of coöperation, the result will be a building that will continue throughout the years to give efficient service.

CLASSIFICATION FOR INSTRUCTION OF MENTALLY DEFICIENT AND RETARDED CHILDREN*

J. E. WALLACE WALLIN, Ph.D.

Bureau of Special Education and Psycho-Educational Clinic, Miami University

WHAT I have to say regarding methods of differentiating sub-average pupils from the elementary schools for instruction is predicated on the acceptance of two basic assumptions: First, I assume a substantial unanimity of opinion, among competent school men who have had extensive first-hand experience in the investigation of individual children and in the field of elementary education, that a limited number of pupils in the grades are so mentally deficient or pedagogically retarded as to be unable to meet the requirements of the regular curriculum and to keep pace with the normal pupils. Second, I assume a general acceptance of the thesis that it is desirable and profitable, educationally and socially considered, to supply pupils of this class with special aid and attention, individual instruction, or differentiated training. I shall take it for granted not only that these propositions express the true state of affairs, but also that the assumptions themselves are in harmony with objective fact.

The recognition of the existence of a high degree of variability or of pronounced individual differences among elementary-school children of the same age or the same grade classification, and of the need of differential instruction to meet the requirements of pronounced educational deviates, antedated by decades the intelligence-test and achievement-tests movements. Nevertheless, from the intelligence-testing movement, which had not attained any appreciable momentum before 1910, and from the achievement-testing movement, which did not develop until later, we have derived not only our keenest and truest appreciation of the extent and implications of the problem, but also improved techniques for discovering and differentiating pupils in need of special instruction. On the other hand, the contribution of the modern testing movement has thus far been of much less significance so far as concerns the elaboration of educational schemes, plans, and devices and the modification of curricula and of educative processes to meet more completely the individual requirements of the pupils in the schools. The essential elements of most systems of corrective or remedial pedagogy or of instructional plans were elaborated many decades ago: for the deaf child prior to 1620 (manual alphabet) or 1740 (oral method), for the blind child prior to 1786 (embossed line type) or 1825[1] (Braille point type), and for the feebleminded child during the first half of the last century. The testing movement has not brought about any essential modifications or contributed any basic innovations to the teaching technique or to the methods of adjusting instruction for these primary groups of educational defectives, or for children less gravely deficient in their sensory, motor, or intellectual equipment.

---

* Delivered in substance before the Department of Special Education of The Ohio State Teachers' Association, December 27, 1923; before the Section of Clinical Psychology of The Educational Conference of Ohio State University, April 4, 1924; and before the Session of Special Education of The American Association for the Study of the Feebleminded, May, 1924. This subject is more fully considered in *The Education of Handicapped Children*, to be published by Houghton Mifflin Company this summer.

To illustrate the truth of this statement and to secure a proper orientation for the recommendations to be offered in this paper, let us review briefly a few of the numerous plans that have from time to time enjoyed more or less vogue in the public schools for adjusting the processes of instruction to the needs of children who are sub-average in their sensory, motor, and intellectual endowment or in their educational potentials, or who are pedagogically retarded.

Apparently the earliest attempt consciously and systematically made by the public schools in this country to adapt methods and contents of instruction to the special needs of handicapped children was the establishment of special schools or special classes. Special public schools or classes were first established for the instruction of the deaf in Boston in 1869[1] (the Horace Mann, an oral method school); for the training and discipline of refractory and truant boys in New York in 1874 and in Cleveland in 1879; for the training of feebleminded or mentally defective children in Providence in 1896; for the training of crippled children in Chicago in 1899; for the training of the blind in Chicago in 1900[2]; and for the training of the partially sighted in Roxbury, Massachusetts, in April, 1913, and in Cleveland in the fall of 1913. Classes for "backward", "dull", or "retarded" pupils were probably organized as parallel classes at about the same time as the classes for the mentally defective, but the information at hand does not indicate just when or where such classes were first organized in the United States.

---

[1] 1829, according to *Americana*. The New York point type was devised in 1868.

Less radical schemes of grouping or segregating pupils have also found favor.

The "Baltimore plan", which was introduced about 1898, aimed to further the progress of normal, bright, and dull children. Different courses were provided for these groups during the first six years. The slow pupils were required to cover less ground than the average or the bright. It was also intended, I believe, to give them more oral and concrete instruction and more handwork. The bright pupils were afforded wider opportunities in the literary branches, and were given more scope for initiative and greater responsibilities. Beyond the sixth grade, instruction was departmentalized, promotion was by subjects, while the bright pupils were permitted to pursue extra subjects. The "Santa Barbara plan" was similar.

The Cambridge, Massachusetts, double-track plan provided, in its 1910 revision, two parallel courses in the elementary grades, one of eight years for the average pupils and one of six years for the gifted pupils. Children were transferred according to individual requirements from the one course to the other at various "transfer points". This arrangement was designed to further the interests of gifted or superior children, who were able to do one-third more work each year. The Le Mars, Iowa, plan was similar to the Cambridge plan.

---

[1] A private school that used the sign method had been established a long time before, in 1816, by Thomas Gallaudet.

[2] The schools for the blind started in New York and Boston in 1832 and in Philadelphia in 1833 were privately conducted.

In the Elizabeth, New Jersey, plan, which also was essentially a scheme for the rapid advancement of bright children, the pupils in the eight grades were divided into three or more sections according to ability, and were permitted to progress as rapidly as possible. Transfers were made from section to section according to the progress made. All sections were taught by the same teacher.

It is evident from these very brief references that there is nothing unique or original about the practice of sectioning children into rapid, average, and slow divisions on the basis of group-intelligence tests, which nowadays is vigorously advocated by the makers and users of group tests, nor is there anything ultra-modern in the vigorous, organized propagandas and drives of our own day in behalf of superior or supernormal children.

In the Newton, Massachusetts, plan an unassigned teacher gave special attention to maladjusted pupils either individually, in divisions, or in small groups.

In the original "Batavia plan", which was introduced into Batavia, New York, schools in 1898, and which attracted considerable attention at one time, a second teacher was added to the room to "work up" the laggards by developmental instruction (rather than by mere "coaching"), in order to secure equal progress among all the pupils. Later, all the teachers gave half their time to individual instruction and half to class instruction.

Somewhat similar to the revised Batavia plan are the systems of individual aid, instruction, and promotion introduced into the regular grades years ago by Preston I. Search ("the Pueblo plan") and Frederic Burk (in San Francisco) and more recently by C. W. Washburn (in Winnetka). In these systems minimum emphasis is placed on group recitations or on "hearing lessons", thus leaving the regular teacher free to give each pupil special aid and instruction. Each pupil is allowed to progress as rapidly as he can, quite independent of the pace of the other pupils.

Other schemes for reaching the individual and reducing retardation in the elementary schools include the promotion of children quarterly or semi-annually instead of annually, so that the inefficient child will not have to repeat the whole year's work[1]; promotion by individual subjects, so that only the subjects that were failed will have to be repeated; and the use of effective methods and devices, dynamic incentives, concrete materials, and vital projects and cores of correlation, so that the children, having become genuinely enthusiastic in their studies, will put forth increased effort, in consequence of which many of them who now fail will succeed. Another point of value is the organization of instruction and all school activities in accordance with the requirements of an adequate system of mental hygiene, so that the child's whole personality may be harmoniously developed, his instincts and emotions properly controlled and sublimated, economical and desirable habits of feeling, doing, thinking, and studying formed, healthy attitudes toward the problems of life engendered, wholesome interests in objective realities developed, and the child freed from auto-erotic, infantile, and selfish fixations and from phobias, misconceptions, superstitions, repressions, conflicts, and inhibitions, to the end that his energies may be released for creative, constructive activities.

Indisputably these plans and schemes, and other proposals not mentioned here for adjusting the work to meet the needs of the school laggards, possess elements of merit of various kinds, although the disadvantages and drawbacks of some of the plans mentioned are quite obvious. Nevertheless, most of the plans formerly used, even those of undoubted merit, seem to have enjoyed merely a temporary vogue. They have had their day and have been abandoned or forgotten except in isolated instances. But this is not true of the system of segregating mentally deficient and backward children in special classes. Very few large school systems have ever abandoned their systems of special classes for mental inferiors, and the number of special classes in existence to-day is relatively larger than ever before in the history of the American public schools.

---

[1] The St. Louis plan of quarterly promotions, introduced particularly for the benefit of superior pupils in the early seventies and still in use, stands out conspicuously among short-interval-promotion systems.

The reasons for this are fairly obvious. On the one hand, great relief was afforded the normal pupils and the regular grade teachers by the removal of the flotsam and jetsam, the hold-backs and drags, who retarded the progress of the class and often created difficult problems of discipline. On the other hand, the deficient pupils themselves began to respond in the special class as they had never responded before, under the influence of individual attention and guidance, differential training adapted to individual needs, and the personal touch of a sympathetic, understanding, and properly trained teacher. The present indications are that the special classes have come to stay, at least for a long time, and it therefore behooves us so to organize and administer these classes as to serve the highest interests of every child who has been removed from a regular grade.

Over a decade of experience in examining candidates for, and matriculates in, special classes, and in investigating the special-class situation in many public-school systems, particularly in Pennsylvania, Missouri, and Ohio, and further years of experience in supervising special classes, have convinced the writer that there is urgent need for much sharper definitions and delimitations of the grades or types of subnormals who should be assigned to different kinds of special classes. For, although many school systems maintain classes that are reserved by definite board action or executive promulgation for ''feebleminded'' or ''mentally defective'' children, the criterion of what constitutes feeblemindedness in school children varies greatly from city to city. In some cities the brightest children assigned to such classes cannot do satisfactory third-grade work, while in other cities they may reach the sixth-grade level. In some cities children of sub-kindergarten attainments are admitted; in others they must reach the kindergarten or first-grade level of competency. In some schools the children assigned to the same class vary by two or three grades only, in others by six or seven grades. In some classes the children vary from low-grade imbeciles to those who are merely slightly retarded, or who are normal, many of the latter being merely pedagogically retarded or suffering from specific handicaps, such as speech defects, muscular paralysis (of the spastic or flaccid type), impaired audition or vision, visual aphasia, dyslexia, and the like.

The plea of this address, as well as its excuse, is that there must be a sharper differentiation than has generally hitherto obtained between grades of deficient or sub-active pupils, that there must be a sharper differentiation of types of special classes to meet the needs of various grades of such pupils, and that the prime consideration in the organization of such classes and in the differential assignment of the pupils must be purely educational.

In harmony with these principles, the specific suggestion that I have to offer is that there must be organized at the minimum two distinct orders or kinds of classes for mentally inefficient and retarded pupils in the grades. One of these types of classes should be reserved for children of very limited mental power or educational potentialities, and the other for children of higher mental and educational ability. I shall in this address refer to the classes for the lower grades as special classes or special schools, and to the classes for the higher grades as ungraded classes. Doubtless there will be differences of opinion as to where to draw the upper and lower boundary lines for each type of class, while certain doubting Thomases may even deny that a definite boundary line can be drawn between these two orders of classes. To these scruples a twofold answer may be made: First, a line must perforce be drawn somewhere, for no recognized authority on the education of abnormal children, so far as I am aware, has the temerity to defend the practice of assembling in the same class idiots, imbeciles, morons, backward and normal children, and non-mentally defective children with specific defects. The custom of doing this is due purely to inertia, slothfulness, carelessness, or bias, and is without any excuse whatever in any large school system. Second, it is entirely feasible to organize a successful, flexible, dual system of specific classes in conformity with the principles enunciated above in any elementary-school system with a sufficient enrollment of pupils. These bold statements are made not as plausible hypotheses or as *ex cathedra* armchair dicta, but as demonstrated facts, for I have organized and supervised, directly or indirectly, successful, "going" flexible systems of special classes in harmony with this plan in two large public-school systems, and have submitted similar plans of organization to many other school systems which have acted on the recommendations.

What, then, are the standards that have governed the differential assignment of pupils to these two systems of classes? Stated briefly in terms of the most important criteria (mental and educational capacities), the assignments to the special classes or schools (the classes for the most deficient children) have been limited to pupils whose intelligence quotients (as determined by the Stanford-Binet) have varied from 30 to 65 or 70, whose intelligence age has varied from 3 years to 9 years, and whose educational status has varied from sub-kindergarten capacity to a possible maximum attainment of beginning-third-grade work (the chronological age at the time of withdrawal being fourteen). In other words, the brightest pupils in this group will not do satisfactory all-round school work at the age of fourteen beyond the beginning of the third grade, although many may function beyond this level in certain branches in which they possess greater talent. The pupils assigned to the ungraded classes (the classes for the least deficient), on the other hand, will vary from an I.Q. of about 65 to an I.Q. of 85 or 90, and from a potential or eventual educational attainment level of from the third grade to the sixth grade, or even higher. The intelligence-age level will vary greatly according to the age of the child at the time of transfer.

This plan of differentiation will require the grouping together of children of as wide a range of mental and educational capacity and level as can be successfully taught in one class, since it amounts to at least thirty-five I.Q.'s, a half-dozen mental-age levels, and four or five grade levels. Where a large number of children are congregated in centralized schools, it would be quite possible under this arrangement to group the children for instruction into four or more levels in each kind of class, whether the plan is followed of having a teacher handle a given class or the instruction is departmentalized.

What are the essential prerequisites for the effective operation of a system of parallel special classes as projected above?

First, children who are near the limiting borders or who are of uncertain diagnosis must always be given the benefit of the doubt. This applies both to those who are near the lower entrance limit and to those near the upper limit. Practically applied, this rule means that children of low mental power should not be ruthlessly excluded without any probationary tryout whatever in a special class, as is so frequently done in certain school systems—*e.g.*, if the child has an intelligence-test age of only 3 or 4 years, or proves to be a Mongolian, a cretin, or a hydrocephalic. Let us not forget that under our laws even a low-grade child has certain inalienable rights. No educator or school administrator should be precipitate in reaching an adverse decision in regard to any child, nor should he attempt to arrogate to himself autocratic powers over the life and happiness of unfortunate children. The experience of England throws serious doubt upon the soundness of the practice of ruthless exclusion from school. After all grades of imbeciles had for many years been debarred by statute from instruction in special public-school classes, volunteer associations have demonstrated that these unfortunates, when admitted to their occupation centers (there were forty-seven in July, 1923), are capable of a considerable amount of improvement in the service they can render to themselves and to others and in their economic possibilities. Many low-grade children admitted to special classes under the writer's direction have gradually reached a higher level of competency than would ever have been surmised from their early school record or initial test findings. As a result of appropriate training, many of these children have become far less of a burden to the home or to the community, thus justifying the expense of the training. Of course, low-grade pupils who fail to respond to the training should eventually either be excluded from school or be given merely a minimum amount of the teacher's time. Older, higher-grade pupils could, no doubt, supply the necessary training under direction.

This rule also means that children of an I.Q. of 65 or 70 who seem, from a careful consideration of all the data at hand, to possess considerable potentials for growth and improvement should be assigned on probation to the ungraded class (for the higher-grade pupils) in preference to the special class. If such children do not make reasonable progress within a year or two, they should be reëxamined for possible transfer to the special class.

Second, the organization of the classes, and particularly the system of assignments and reassignments, must be so flexible that the child can be transferred, after due consideration has been given to his progress and to the results of retests, from one type of class to the other. My experience indicates that if adequate examinations are made and due care taken in making the assignments, not many children will have to be transferred from the special classes to the ungraded classes, for the tendency of the I.Q.'s of these children is to decline slowly.[1] Mentally deficient children progress in their school work only from one-tenth to one-third of the normal rate, so that they become relatively more backward as they grow older. In view of this fact, it is to be expected that more transfers will have to be made from the ungraded classes to the special schools. In the writer's experience this has proved actually to be the case. Again, many children will be assigned to the ungraded classes who are pedagogically backward, but mentally normal or almost so. Such children should be restored to grade as soon as possible. No child should be retained in a special class after he can function properly in a regular grade. Of 3,111 children in the St. Louis ungraded classes in 1916-1917, 42 per cent were reported to the writer as restored to grade.

Third, the curriculum must be adapted to the individual requirements of the pupils in both kinds of classes. In both there must be a maximum of individual attention and individual diagnosis of cases, and of concrete activities skillfully correlated around vital cores or projects. In the special classes, however, more use must be made of concrete, practical activities and of the oral method of instruction, and less emphasis should be placed on literary instruction, than in the ungraded classes. Younger children in the ungraded classes will be given every advantage of skilled instruction in the literary branches until it becomes clearly evident that their literary limitations are irremovable, when they will be given an increasing amount of industrial-arts work in correlation with the academic work. Pedagogically retarded children of normal mentality will be given intensive instruction in the regular studies of the curriculum, so that they may cover the ground lost more rapidly and be restored to grade as quickly as possible.

---

[1] See *Problems of Subnormality*, by J. E. Wallace Wallin. Yonkers-on-Hudson, N. Y.: World Book Company, 1917. 265f. See also "The Value of the Intelligence Quotient for Individual Diagnosis", *Journal of Delinquency*, Vol. 4, pp. 109-24, May, 1919.

Fourth, the practice of applying the terms ''feebleminded'', ''mentally defective'', ''imbecile'', and ''moronic'' to the children in the special classes or special schools (for the lower-grade cases) should be abandoned. Nor should it be assumed that these classes or schools are established for such pupils, although in point of fact many of those assigned will prove to be feebleminded or mentally defective in the properly accepted meaning of those words. In proposing the abandonment of these terms when applied to children who have been differentiated for educational purposes in the public schools, I cannot be accused of harboring a prejudicial attitude in the matter, for I have used these terms for over a decade for purposes of classification and assignment of pupils to special public-school classes. But I have gradually become convinced that the words should be no longer connected with our schemes of educational differentiation. This conclusion has been reached for a number of cogent reasons.

1. The terms feeblemindedness and mental defectiveness have by numerous statutory enactments or by definitions or resolutions emanating from technical organizations been given definite and limited social, economic, and legal connotations from which they cannot be reclaimed.

2. The social or legal definition of a feebleminded child or adult as one who is ''incapable, from mental defect existing from birth or from an early age, (a) of competing on equal terms with his normal fellows, or (b) of managing himself and his affairs with ordinary prudence'', is entirely too vague and elastic to serve the purpose of a scientific definition or a criterion for differentiating immature children for purposes

of education. A definition that defines a thing in terms that are not defined and that are highly ambiguous is worse than useless. This definition, although it has been very widely, but uncritically adopted, is a patent absurdity, a delusion, and a joke. The estimates of the number of feebleminded in the schools based on this definition have varied from 0.3 to 10 per cent. England, the country from which we derived this concept of feeblemindedness (the definition originated with the Royal College of Physicians of London), has fortunately definitely repudiated the definition in the Mental Deficiency Act of 1913. Nevertheless, the rejected definition is still prolifically quoted.

3. Even the more acceptable revised definition of a feebleminded person as one who is socially, industrially, or economically dependent or incapable of leading an independent existence does not constitute a serviceable criterion for differentiating children for purposes of instruction, for the very obvious reason that often we cannot predict with accuracy whether or not a given child will eventually acquire sufficient skill and judgment to earn his livelihood and lead an independent existence. Frequently, we must suspend judgment until the child has been given a chance at various jobs after leaving school. It is, in point of fact, indisputable that thousands of persons who have gone out from special public-school classes for the feebleminded have "made good" socially, morally, industrially, and economically.

4. The more recent attempt to define feeblemindedness in terms of years of intelligence retardation, or intelligence quotients, or maximal upper limit of intellectual development, as determined by so-called intelligence tests, does not seem to promise any greater success, in view of the pronounced differences of opinion regarding the precise criteria to be adopted. Thus the limit of intellectual development for the highest grades of the feebleminded, as determined by the Binet-Simon scale, has been variously drawn at a level of 12 years, 11 years, 10 years, 9 years, and 8 years. The writer drew the line at the 9-year level over a decade ago, thereby definitely rejecting the concepts of the middle and high-grade morons as equivalent terms for the high grades of feebleminded persons. During fourteen years

of constant examination and classification of, and practical work with, mentally and educationally inferior and abnormal children, he has never diagnosed as feebleminded any one grading as high as 10 years by the 1911 Binet or the Stanford-Binet scales.[1] Many, indeed probably most, writers, however, continued to diagnose as feebleminded older adolescents and adults with mental levels as high as 12 years until the psychological findings in the army, as announced in 1919, demonstrated the utter absurdity of the generally accepted standard.[2] Recently Cyril Burt has gone farther still, having fixed the ''provisional limit'' at the ''age of 8''. It is a fact that adults have been tested in the United States who have not developed beyond the Binet-Simon age of 8, and yet they have been able to support themselves and conform to the legal and conventional requirements of the community. According to Burt, in England individuals below the 8-year level "become almost invariably parasites".

---

[1] The bases for the conclusions reached have been set forth in a discussion entitled ''Who Is Feebleminded?'' in *Ungraded*, Vol. 1, pp. 105-13, January, 1916; in the *Journal of Criminal Law and Criminology*, Vol. 6, pp. 706-16, January, 1916, and Vol. 7, pp. 56-78 and 222-26, May and July, 1916; and in *Problems of Subnormality* (see note 1, page 762), pp. 110-277. See also ''The Concept of the Feebleminded, Especially the Moron'', *The Training School Bulletin*, Vol. 17, pp. 41-54, May, 1920; and ''The Achievement of Subnormal Children in Standardized Educational Tests'', *Miami University Bulletin*, Series XX, No. 7, April, 1922.

[2] Time has brought unexpectedly swift and conclusive vindication and a liberality and catholicity of view that contrast sharply with the whilom dogmatic fixation. It is now deemed not only proper, but essential, to assume a critical attitude toward the Binet scale, or any other scale of tests, and the inferences and conclusions drawn from their use; and the critic of to-day is not treated with the contemptuous silence or attempts at personal disparagement or professional ostracism which not infrequently have pursued the very few who a decade or more ago were intrepid enough to undertake the disagreeable task of repudiating the cherished idola theatri or the status quo. Conclusions that everybody now accepts as a matter of course, when announced a decade or more ago, were lampooned or evoked derisive laughter, or subjected the writer to vituperative personal attacks for alleged bias, obsessional predilection for ''preconceived notions'', and impudent temerity. Rather than face the inevitable consequences of the facts in the case, it seemed to some whose opinions had already been firmly crystallized preferable to close their eyes to further arguments or additional evidence and to ignore or deny the facts. It is notorious that those who were most vociferous in that day in denouncing as extravagant theorizing conclusions that were in conflict with prevailing beliefs have remained ominously silent since the ''intelligence survey'' of 94,004 American recruits showed that the average ''intelligence age'' of the white soldiers was 13.1, and that 47 per cent of the white and 89 per cent of the colored drafted soldiers had an intelligence level of less than 13 years.

Similarly the upper limit of mental defectiveness in terms of intelligence quotients (based on Binet-Simon age) has been placed at various points. William Stern placed it as high as 80. The dictum that an I.Q. below 70 indicates "definite feeblemindedness" has been very widely accepted, but even this more conservative standard has been shown by follow-up studies and the investigation of case histories to be quite untenable. Now comes Cyril Burt with the proposal to draw the line at an I.Q. of 50 (based on his 8-year limit and age 16 as the normal adult level). Below 50, he says, the case is an "institutional" one, and between 50 and 60 a "supervision" case.

5. Realizing that the intelligence standards for the diagnosis of feeblemindedness have been drawn entirely too high, it is now proposed to call persons feebleminded who are emotionally, temperamentally, nervously, morally, or volitionally unstable or ill-balanced. To attempt to differentiate mentally defective children for instruction on the basis of temperamental or emotional instability would be the height of folly, although emotional poise is of paramount importance for success in any activity of life. We have at present no means whatever of accurately measuring or determining the degree of a child's emotional or temperamental instability. An emotional or temperamental classification in the present stage of science would be purely subjective. But let me be quick to add that no child, no matter how emotionally or temperamentally abnormal he may be, can be classed as "feebleminded" who does not suffer from a radical defect of judgment, understanding, common sense, or intelligence, dating from birth or from early life. Unless we hold fast to the basic elements in the classical, age-old concept of feeblemindedness (social and industrial dependency due to native or early acquired defect of intelligence), we shall emasculate the concept entirely. This proposed extension of the connotation of the term will serve no useful purpose whatever as an aid in the classification of mentally deficient and retarded children for instruction.

SUMMARY

Let us repeat, therefore, in brief summary form, the conclusions we have reached:

1. The considerations of prime importance for the classification and segregation of mentally subnormal children in the schools are the child's present educational status and educational potentialities, which of course are vitally affected by his mental capacity—his ''intelligence age level'' and ''intelligence quotient''—and mental peculiarities.

2. Children who differ very greatly in degree of handicap or deficiency should not be assigned to the same kind of class. The successful operation of a special or ungraded class demands a certain degree of homogeneity in the pupil material.

3. Accordingly it will be necessary to draw a line of demarcation somewhere. The point at which such a line is drawn will, admittedly, be more or less arbitrary. We have suggested above that there must be at least two orders, levels, or kinds of special classes for mentally and educationally retarded children, and have indicated where the line can be successfully drawn between special and ungraded classes. The suggestions made are not based on speculative armchair theories of special-class organization, but represent the culmination of many years of actual experience in the organization of different kinds of special classes in public-school systems.

4. Children transferred to the special classes should not be assigned for the reason that they are feebleminded, socially and industrially considered, nor should it be assumed that they are feebleminded, although most of them or all of them may prove to be so. They should be assigned solely because their mental and educational potentials are so limited that they cannot do satisfactory work in all of the regular branches of the curriculum beyond the primary grades (or the beginning of the third grade). Certainly it will be a decided advantage to relieve the educator of the necessity of attempting to determine what children are or are not going to prove to be feebleminded, or of attempting to solve the apparently

insoluble question of where to draw the boundary line between mentally defective or non-mentally defective subnormals. We probably cannot avoid the necessity of applying some term to the children assigned to the special classes for the lower grades. It is very difficult to propose a term that is free from objections. The designations *mentally deficient children* or *mental deficients* will serve if not used as synonyms for feebleminded or mentally defective children.

WHAT IS PAROLE?*

EDITH N. BURLEIGH

Chief of Social Service, Child Guidance Clinic No. 1, The National Committee for Mental Hygiene; former Secretary, Massachusetts Civic League

IN opening a series of lectures at Yale, Mr. Thomas Mott Osborne quoted happily from Mr. Gilbert Chesterton: "It is not necessary in argument to settle what a word means or ought to mean. But it is necessary in every argument to settle what we propose to mean by that word." What, then, should we "propose to mean" by "parole"?

The *New International Encyclopedia,* published in 1916, gives the derivation of parole as "French, *parole,* word, from Latin *parabola,* comparison, speech, parable", and defines it as follows: "In its military sense the word 'parole' is used to designate two different things: 1. With reference to guards, the parole is a word . . . used as a check on the countersign . . . . in order to obtain a more accurate identification of persons. 2. In international law, the pledge of honor of a prisoner of war by which he engages, if given his freedom, to observe certain conditions imposed by his captor"; or as the text of the Peace Conference at the Hague, 1907, reads: "The term parole designates the pledge of individual good faith and honor to do or to omit doing certain acts after he who gives his parole shall have been dismissed, wholly or partially, from the power of the captor."

To return to the *International Encyclopedia,* parole in law, is "something said or spoken as distinguished from something expressed or set forth in writing. Distinguishes oral or spoken from written evidence. Parole, in penal law, a pledge of good conduct given by a person convicted of crime as a condition of exemption or release from confinement in prison."

The first step toward a reduction of the time of prison sentences was made in the so-called "good time" laws, which provided, by a sort of compound-interest process, that a man could earn by good conduct an increasing number of days off his sentence. His release was unconditional; even if he committed a new crime the next day, he did not forfeit his "good time". The first state to pass such a law was Massachusetts, in 1857.

---

* Read at the Fifty-third Annual Congress of the American Prison Association, Boston, September 18, 1923.

About seven years earlier, in Ireland, Sir Walter Crompton had begun putting prisoners out on a common in separate iron huts, thus originating the system of license or freedom on "ticket of leave".

As a further step in the development of parole, a shortening of the term of sentence was effected through commutation of sentence, pardon, or conditional pardon. The last was to all intents and purposes a parole, although the idea of a parole system had not yet been evolved. This association of the idea of parole with executive clemency still maintains in such states as Vermont, where parole is used without the indeterminate sentence, being granted by the governor in each instance.

The "good time" law in Massachusetts was replaced in the early eighties by a law that gave the prisoner a revocable "permit to be at liberty". This permit was conditional, the man still remaining a prisoner. When the indeterminate-sentence law was passed in 1886, the permit was given at the end of the minimum sentence. This time was later changed to the expiration of two-thirds of the sentence, thus making it possible to discriminate between the best-behaved prisoners and the others.

In the early days of these releases on permit, they were given purely on the ground of good conduct in the institution. "In those days the men were not seen", writes Mr. F. Spalding, our historian on prison matters, "the theory being that for a man to know that he was being considered for parole was too much of a strain if he was not released. Ordinarily they were not followed up and hundreds were lost from sight."

In 1913, under the leadership of Mr. Frank L. Randall, Massachusetts established a board of parole, and the system was changed. Every man was now seen as he became eligible for parole. The board had all the facts of his offense and record as an offender before them, as well as the physician's report. "Every man was released on the probability of his behavior in the future, but not until a place was found for him. He was followed carefully, and if his behavior was not satisfactory, he was returned. The system was complete and had excellent results. This is the common method—the study of the prisoner being more or less thorough in different states, and the supervision being more or less careful."

The idea of parole, of conditional release, evolved along with the change in the interpretation of the meaning of penology, which the *Encyclopedia of Social Reform* defines as follows: "Etymologically, the word penology means the science of punishment; but it has gradually come to have a broader meaning as representing the body of principles and practices relating to the repression and prevention of crime and the treatment of the offender."

"We have no right", said Sir Walter Crompton, "to inflict all this punishment unless for the reformation of the offender. If convicted prisoners are reformed, society will be protected."

To Mr. Z. R. Brockway belongs the credit of securing the first indeterminate-sentence law, which formed the basis of his reformatory system. When advocating, in 1873, "governmental control of prisoners after they are released from prison", Mr. Brockway took into consideration the possible reaction of the prisoner to this supervision. "It would seem to be a self evident proposition", he wrote, "that the unreformed criminals in the community can gain nothing by the absence of restraints, but would gain much that would be of real, though unwelcome, value to them by such continued supervisory control as is here suggested." Mr. Brockway advocated a strictly indeterminate sentence, believing that governmental control should never be fully relinquished until the prisoner had certain qualifications for citizenship.

In every state in which an indeterminate-sentence law has been passed there is, however, a minimum and a maximum limit. According to Mr. Edward Lindsay, for years the chairman of Committee F of the Institute of Criminal Law and Criminology (which included in its researches the study of parole), a strictly indeterminate sentence has nowhere been adopted. "While it was advocated theoretically, it was recognized that public opinion would not sanction its adoption in its extreme form. . . . In Europe it has been advocated as a means to be applied to recidivists and solely for the purpose of segregating them. . . . While some of the states which have first adopted parole have later added the indeterminate sentence, the results of the parole alone seem to have given satisfaction, and it cannot be said that the indeterminate sentence is absolutely essential to the parole system." At the present time every state in the Union has some form of parole.[1]

This brief résumé of the history of parole is given for the purpose of orienting ourselves as to its aims from the beginning.

How has it worked out?

Are we paroling from our penal institutions and our training schools for the sake of the individual or of the public—because it is cheaper to handle a person on parole, or because the individual can finish his training for citizenship better in the greater freedom of life in the community?

Is parole *watching* a person to see that he does nothing wrong, or *watching over* him for the purpose of helping him?

Is society more ready to welcome him back, or more disposed to aid him?

Parole is now recognized as an integral part of a penal system. It can reach its highest efficiency only if the entire system is efficient. It depends for success on the groundwork of the institution and back of that upon the selective process that determines who shall be sent to the reformatory in the first instance.

Mrs. Jessie D. Hodder, in her very able analysis of the treatment of delinquent women at last year's session of the Prison Congress, stated that classification before commitment means facing "the criminal problem intelligently and scientifically; it means the disintegration of the reformatory and a freeing of its forces". She went on to elaborate this thesis; then continued, "We would have a reformatory whose policies would be crystal clear, for it would have reëducation as its task and only reëducable material to work with."

---

[1] See *Penology in the United States*, by Louis N. Robinson. Philadelphia: John C. Winston Company, 1921.

No one can doubt that this is equally true of parole.

When parole was first used, it took the form of *watching* to see how the prisoner reacted to his conditional release. The obligation was on the part of the prisoner to keep the prescribed conditions and to "make good". Quick return to the institution was the result of failure. As the number of officers increased, *watching* developed into *watching over*—"a process of readjustment of the prisoner". This readjustment is a triangular procedure, involving the person on parole, the parole worker in charge of him, and society. The proper interrelation of these three forces is the secret of successful parole.

Captain Alexander Maconochie laid down a fundamental principle of parole long before it became an actuality: "Man is a social being, and his duties are social; whence the principle that only in society can prisoners be duly prepared for it."

If the prisoner on parole must keep his faith with society, the obligation on the other side is just as binding. This obligation was clearly stated at the first meeting of the National Prison Association in 1870, by Mr. Joseph B. Bittinger, in a paper entitled, *Responsibility of Society for the Causes of Crime:* "The duty of society toward the convalescent criminal is of the most delicate nature. . . . One thing is certain, society must take back the released prisoner or the penitentiary must. There is no middle ground. If society conspires against the convict, he must conspire against society—or die a martyr. If our scorn or suspicion hedges up his way to honesty and opens it to crime, we are responsible for that crime. LeSage says: 'A reformed drunkard should never be left in a cellar', yet this piece of uncharitableness we practice when we demand more integrity and steadfastness from a reformed criminal than from an honest man. . . . A reformed criminal is not a criminal, and to treat him as if he were is itself a crime."

His text—though he did not call it that—was from the

Twenty-seventh Psalm: "Lead me in a plain path because of mine enemies."

Society has not yet met Mr. Bittinger's challenge. It is still indifferent. It sees through a veil of preconceived ideas the man or woman on parole. "What each man does is not based on direct and certain knowledge, but on pictures made by himself or given to him. The way in which the world is imagined determines at any particular moment what men will do. The pictures inside the heads of these human beings, the pictures of themselves, of others, of their needs, purposes, and relationship are their public opinions."[1] This applies both ways—to the person on parole as well as to the persons among whom he is paroled.

The parole worker has a great responsibility in this connection. Society has taken little interest in parole and that little rather in theory than in practice. The parole worker might fill the gap by means of intelligent publicity, not of any special case, but of the purposes of parole and possible processes of rehabilitation of his charges. Mr. Amos W. Butler, an old friend of parole as of all forward-looking movements, writing in 1910 on the released prisoner, stated that "the greatest work which can be done for the discharged prisoner is the education of the people".

I have been indignant many times on seeing in big headlines on the front page of a newspaper, "So-and-so, whose trial created a big sensation in ———, is released from prison this morning. He is to live with his sister at such an address", and following this announcement an account of the crime for which the man was committed. Can any one start fair placarded in this way with an unfortunate past?

The parole worker, therefore, has a big educational campaign before him. He must interpret the so-called criminal, explain what the institution has tried to do for him, and emphasize the responsibility of society, both in the causes of his "crime" and in his possible future. The more clearly the social implications of parole can be thought out and expressed, the more easily can the public be awakened to its responsibility. Could not our journalists be interested in this broader program and so persuaded not to cater to morbid curiosity?

---

[1] Walter F. Lippmann in *Public Opinion.* New York: Harcourt, Brace and Company, 1922.

The keynote of successful parole lies in the reciprocal relation of the parole worker and his charge, although no one knows better than I, after ten years of wandering in the Elysian fields of parole, the difficulties of establishing this relation on the happy footing of mutual understanding.

"The more he seeketh them to win
The further off they stray,
As imps that do detest to walk
The straight and narrow way."

We must all agree with Dr. Southard that "man can no doubt form character more easily than he can reform character". It takes the help of an understanding friend to accomplish the latter task.

Before 1870 Captain Maconochie had worked out a relation between himself and his men that foreshadowed our most modern methods of study. He early adopted the habit of talking freely to them and encouraging them to talk freely to him about anything that interested them. "To this", he says, "I owed much of the minute information I had about them and much of my influence. . . . In operating on the human mind the less store is set on your appliances [referring to "admirably constructed prisons"], the better, provided always that the structure and philosophy of the mind itself be rightly apprehended and this knowledge be judiciously applied." He talked with the men particularly about their early youth, trying to recall the atmosphere of the time when they were "innocent" as a means of "softening" them. Modern science pursues the same course for a different reason. It tries to discover the motives and causative factors of behavior in mental attitudes. The modern, well-equipped reformatory has a department of research where the prisoner may be studied from many angles—physical, mental, and social. In some cases of doubtful diagnosis, this study should be carried on outside as well. The parole worker should never neglect this possibility of further enlightenment as to the capabilities and idiosyncrasies of his charges. Where there is no laboratory attached to the institution, the parole worker must insist on a thorough examination being made.

It is of vital importance to know what is occupying the mind of the person on parole. It is not what *we* think of his conduct, but what *he* thinks of it that matters. It is his mental attitudes that are the springs of his conduct. (Professor W. I. Thomas calls these attitudes "tendencies to action".) He must be constantly encouraged to express himself. Character and mental attitude cannot be superimposed upon him, but prejudices can be modified and clear thinking encouraged under wise guidance.

After all, the cure of any individual lies within himself, but he rarely finds this out alone.

Parole has been slowly working out a more democratic ideal, based on "the consent of the governed". In no field is there such room for advance as in that of the study of mental attitudes. Self-exploration is a helpful tool to the "able-minded".

Sometimes difficulties arise because of lack of real understanding of the requirements of parole. They remind one of the puzzled child, who protested:

"In winter I get up by night
And dress by yellow candle-light;
In summer, quite the other way,
I have to go to bed by day."

Conscious wisdom has little patience with lack of judgment. It is far easier to direct than to lead, but less helpful when we are trying to form or reform character.

To sum up, a parole system can be no better than the whole penal system of which it is a part. The social implications of parole involve the relations of the person on parole to the parole worker and to society, the outcome depending on the development of the individual to the point where he can see that his interests are bound up in those of society. The key to success lies in the mental attitudes of the person on parole and on the possibility of guiding them to the common good.

If we accept it as true that the most important element in successful parole is the parole worker, it follows that there must be many more of them. This parole officer, too, must be a special kind of person. In the Report of the Committee on Discharged Prisoners to the National Prison Association in 1873, the desirable officer is thus described: "The agent may be a plain man, but he should be possessed of some rare gifts and graces. He must be warm-hearted, generous, and, where it is deserved, confiding, of quick perception of character, of undoubted truthfulness and integrity, and of sound practical common sense, making his counsels valued because they are valuable."

There are at least three grades of officers in the parole service. I do not think that I can better illustrate what I mean than by the story of the stranger who found three men at work and asked them what they were doing. The first man answered, "I am earning three dollars a day"; the second man, "I am cutting stone"; and the third, "I am building a cathedral."

AFTER-CARE WORK WITH MENTAL PATIENTS FROM THE POINT OF VIEW OF A PSYCHIATRIC SOCIAL WORKER*

RUTH A. GEGENHEIMER

Psychiatric Social Worker, Belchertown School for the Feebleminded, Massachusetts

AFTER-CARE work with patients from hospitals for the mentally diseased is now generally recognized as an important part of the treatment of such patients and as of value in preventive work. It was the first form of social work that was undertaken with mental cases, and from it has developed the present type of psychiatric social work. For many years before definite plans for such work were made in the United States, it was carried on in France, England, Switzerland, and Japan, by volunteer societies which supplied funds and workers and coöperated with hospital officials for the benefit of the individual patient.[1] As early as 1841 in France, "an association was founded for providing protection, assistance, and homes for patients set at liberty from asylums, and its efficient operation led to the establishment throughout the country, under the auspices of the French government, of *societies de patronage* (aid societies) for such discharged patients."[2] In England, the after-care work dates back to about 1880.[3]

No movement for after-care work with the insane was started in the United States until the latter part of the nineteenth century, when papers on the subject were presented by Dr. Wise before the American Medico-Psychological Asso-

---

* Submitted and accepted in partial fulfillment of the requirements for the diploma in the Smith College School for Social Work, August 30, 1923.

[1] *After-Care of Mental Patients*, by Henry P. Frost, M.D. Boston: Massachusetts Society for Mental Hygiene, Publication No. 11. p. 4.

[2] "After-Care of the Insane", by William Mabon, M.D. *American Journal of Insanity*, Vol. 64, July, 1907. p. 10.

[3] "Social Service in the State Hospital", by George M. Kline, M.D. *American Journal of Insanity*, Vol. 73, April, 1917. p. 568.

ciation, and by Dr. Dewey, of the same association, before the National Conference of Charities. In 1894, Dr. Henry R. Stedman was appointed chairman of a committee of the American Neurological Association on the after-care of the insane. In 1897, he submitted and published a report based on the information that he had collected from those interested in the matter. This report stated in part that "it is the general and well-nigh unanimous sentiment of those who are conversant with the needs of the insane in this country that measures should speedily be inaugurated for the temporary relief of discharged, recovered, convalescent, and improved insane patients of the dependent class, by organized outside societies".[1]

It is interesting to note that although there was considerable discussion among physicians for some time concerning after-care work with the mentally sick, the first actual plans for it were started outside of the hospitals under the direction of Miss Louisa Lee Schuyler, of the State Charities Aid Association of New York. Miss Schuyler made an investigation of the work in England and reported her findings at a conference of the New York state-hospital superintendents with the state committee in lunacy in November, 1905. At the next meeting of the superintendents and the committee in January, 1906, definite resolutions were adopted requesting the State Charities Aid Association to organize a system of after-care for the insane in the state. This request was carried out, and after-care committees were appointed for each state hospital. In their local districts these committees undertook the supervision in their homes of patients discharged from the hospitals.[2]

The following year, Dr. William Mabon, superintendent of the Manhattan State Hospital, Ward's Island, New York City, reported the results of the work as follows: "Our experience is that the work of the after-care committee has been helpful to a large number of patients and also to the hospital. Were it not for their work, many patients would necessarily have been discharged to the care of the department of public charities, as was formerly done. The circumstances of their going out into the world are far better under the present arrangement than they were at any time previous when the department of public charities took charge of them. Under the previous conditions, they were either sent to the almshouse, or allowed to go directly on the streets of the city to seek friends or work without assistance from any one, except such as might have been provided by the hospital. At the present time, they are assisted and protected when they leave the hospital. During the past year, since the practical work of the after-care committee began, a number of patients have been substantially assisted by the committee."[1]

---

[1] Mabon in *After-Care of the Insane,* p. 12. See note 2, page 778.

[2] Ibid., pp. 19-20.

In New York State the after-care work was developed further when the state took it over and established social-service departments in the state hospitals. Another outgrowth of the work, as carried on by the State Charities Aid Association, was the committee on mental hygiene of that association, which came into existence because of the evident need of some organized movement to prevent the development of incipient mental cases, many of which were found in visiting the homes of the state-hospital patients.[2]

In Massachusetts, after-care work as such has developed as a part of the duties of the social workers connected with the state hospitals. In 1913, two hospitals, Danvers State Hospital and Boston State Hospital, added a social worker to the staff. In the same year the Psychopathic Hospital in Boston began to organize its social service.[3] Since then practically all of the state hospitals have organized social-service departments which assist the physicians in dealing with the social problems of the patients and their families. The social service is under the supervision of the hospital superintendent, and is ultimately responsible to the state department of mental diseases through the director of social work in that department.[1] The after-care of the patients was made practical by a provision in the insanity law which allowed a six-months probation outside the hospital before discharge from the hospital books. This probation period was later extended to one year,[2] thus giving increased opportunity for the hospital, through its social worker, to guard against a recurrence of the disease, and for the patient to become socially and economically adjusted.

---

[1] *After-Care of the Insane*, p. 25.

[2] *Review of Three Years' Work of the Social-Service Department*, by Katherine Tucker. (Extract from the Report of the Special Committee on Mental Hygiene in the Twenty-third Annual Report of the New York State Charities Aid Association.) New York: New York State Charities Aid Association, 1915.

[3] *The Kingdom of Evils*, by E. E. Southard, M.D., and Mary C. Jarrett. New York: The Macmillan Company, 1922. p. 520.

Every patient who leaves the hospital on probation or trial visit, as it is called, automatically comes under the supervision of the social-service department. Ideally, the social workers should visit each patient about to go out, to become acquainted with his home conditions and to make any necessary adjustments before he leaves the hospital, but practically this is not possible because of the wide range of the social worker's duties. She, therefore, selects certain patients whose problems are already known to her or whose need of supervision is especially outstanding. Others are referred to her by the physician for after-care visiting, and still others come to her through the out-patient clinics of the hospital.

Dr. George M. Kline, commissioner of the Massachusetts Department of Mental Diseases, in explanation of the home visitation and after-care of patients, has stated that "this work is both preventive and reconstructive, and permits many more patients to live outside the hospital than would otherwise be possible without such supervision. The hospital keeps in close touch with its patients and their return can be advised promptly if thought necessary. This work seemingly met with some opposition at first. Our worker would relate that many thought our patients a type of criminal and that they were treated accordingly; that it was considered a disgrace to have a relative in the hospital. At first, in visiting discharged patients, she was looked upon as a hospital spy with some ulterior motives. It is interesting and gratifying to note how quickly public opinion changed, once the hospital's work was understood. . . . Educational and preventive work is made possible by after-care work, and the general attitude of the community toward the hospital is rapidly changing from that of suspicion to one of confidence."[1]

---

[1] "Social Service and Out-Patient Relations", by John B. MacDonald, M.D. *American Journal of Psychiatry*, Vol. 1, October, 1921. p. 146.

[2] General Laws of Massachusetts, Vol. 1, Chap. 123, sec. 88, 1920.

In 1914, at the direction of the state board of insanity, out-patient clinics were established in all the large cities of the hospital district. These clinics are held in the evening in order that patients who are out on trial visit and who are at work need not lose any time in attending them. All patients away from the hospital on trial visits receive notices of the clinics and can easily report at the clinic in the city nearest their home. Also, notices are inserted in the newspapers calling attention to the clinics. These out-patient clinics are a distinct aid to the after-care work of the social-service department,[2] and enable many more patients to live in the community. Through the patient's regular attendance at the clinics, the hospital exercises medical supervision over his mental and physical condition. Further, as it is impossible for the social worker to visit all the homes in a widely scattered district, many social problems first come to her attention at the clinic.

The preventive and reconstructive work of the after-care department, including the out-patient clinics, is of further value to the patient in that it educates the community with regard to mental disorders. It extends the medical skill and knowledge of mental diseases of the hospital outside the hospital walls, and "can be brought to bear on the problem of mental disorders as it exists in the home, in society, and in the individual in his natural environment".[1] In other words, it interprets the hospital and its work to the community, so that the patient's friends, relatives, employers, and others have a better understanding of his difficulties and can render valuable assistance in his readjustment.

---

[1] *Social Service in the State Hospital,* pp. 573-74. See note 3, page 778.

[2] Ibid., pp. 578-579.

[3] *What the State Hospital Can Do in Mental Hygiene,* by William L. Russell, M.D. MENTAL HYGIENE, Vol. 1, January, 1917. p. 90.

II

For the purpose of studying the possibilities of after-care work with patients from a hospital for mental diseases, a group of patients was selected who had left the Danvers State Hospital on trial visit during the six-months period June 1 to December 1, 1922. This group was composed of 205 patients, 110 males and 95 females, and a statistical study was first made to determine what important factors might be evident in a typical group of patients with whom the social worker has to deal in after-care work. Later a group of patients thirty years of age or less was selected from the entire group, and so far as possible these patients were visited in their homes and seen at out-patient clinics for a more intensive study of their social problems.

TABLE I. PATIENTS LEAVING HOSPITAL ON TRIAL VISIT FROM JUNE 1 TO DECEMBER 1, 1922

Month	*Males*	*Females*	*Total*
June	17	13	30
July	25	13	38
August	22	11	33
September	14	18	32
October	17	20	37
November	15	20	35
Total	110	95	205

Table II gives the results of an estimation of the length of time that elapsed between the date of these patients' first admission and the date of their leaving on their present trial visits. More than one-half were found to have had a short hospital residence, varying from an observation period of ten days to a residence of one year, lacking ten days. In the case of one-third, the length of hospital residence was found to have been two years or more since first admission. In this latter group was one patient who had been in and out of the

TABLE II. LENGTH OF TIME ELAPSING BETWEEN DATE OF PATIENT'S FIRST ADMISSION AND DATE OF LEAVING ON PRESENT VISIT

Time elapsing	*Males*	*Females*	*Total*
Less than 1 year	66	54	120
1 to 2 years	10	5	15
More than 2 years	34	36	70
Total	110	95	205

hospital a few months at a time since 1888. Another had come to the hospital first in 1879, had remained six months, returned home, and adjusted herself so that although she still had attacks of her mental trouble, further hospital residence was not necessary until 1922, when she again returned for six months.

More than one-half of the patients in the group were leaving on their first trial visit. (See Table III below.) The remainder had had previous trials, or had been out and in for varying periods, some remaining out for a year or more and thus obtaining a discharge from the hospital books; others had had several discharges and readmissions. In the entire group there were a great many week-end visits, or visits of several days over a holiday, but no visits of less than one month were included in this study.

TABLE III. PATIENTS ON VISIT GROUPED ACCORDING TO NUMBER OF TRIAL VISITS SINCE FIRST ADMISSION

Trial visits	*Males*	*Females*	*Total*
No previous trial visits	74	62	136
Previous trial visits:			
One or more visits of less than one year	16	9	25
Discharge (visit of one year or more)	14	19	33
More than one discharge	6	5	11
Total	110	95	205

It was not possible to obtain complete data as to the nativity of these patients or their parents, because of incomplete hospital records, but classification as to foreign or native birth, in Table IV, shows that 87 of the group were

TABLE IV. PATIENTS ON VISIT GROUPED ACCORDING TO NATIVITY AND AGE AT TIME OF VISIT

	Total			*Native born*			*Foreign born*		
Age	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 21	5	4	9	4	3	7	1	1	2
21–25	10	2	12	10	1	11	0	1	1
26–30	13	16	29	8	10	18	5	6	11
31–40	31	25	56	19	11	30	12	14	26
41–50	21	16	37	14	11	25	7	5	12
51–60	21	18	39	9	6	15	12	12	24
Over 60	9	14	23	3	9	12	6	5	11
Total	110	95	205	67	51	118	43	44	87

born outside of the United States, while the remainder, 118, were born in this country. Of the entire group, 50 were thirty years of age or less, 93 were between thirty and fifty years old, and 62 were over fifty years of age. This would indicate that in a typical group of patients leaving the hospital, practically one-quarter had broken down mentally when less than thirty years of age, at the time when their lives should have been most constructive, and more than one-half of the remainder had come to the hospital when they should have been in their prime, doing their best work.

A study of the marital condition of the patients, in Table V, shows that 80 of them were single, 28 were or had been married, but had no children, while 97, or nearly one-half of the group, had children, varying in age from infants of a few months to adults who had married.

TABLE V. PATIENTS ON VISIT GROUPED ACCORDING TO MARITAL CONDITION

Marital condition	*Males*	*Females*	*Total*
Married with children..........	32	45	77
Married with no children........	12	10	22
Single	55	25	80
Widowed with children.........	8	8	16
Widowed with no children.......	1	5	6
Divorced or separated with children	2	2	4
Total	110	95	205

The wide range of occupations found in this group of patients made it necessary to list them only in a general way. (See Table VI, page 786.) The classification used in the state census of Massachusetts was adopted, with the addition of the headings "Housewives", "Students", and "None", added in order to include every patient in the group. A large percentage are listed under "Manufacturing and Mechanical Industries", but this may be due to the fact that the district from which these patients come is essentially a manufacturing district. The majority of men who are classed as unskilled or semi-skilled laborers are found in the large cotton and woolen mills, the shoe and leather factories, of the cities.

The diagnoses of these patients are classified according to the manual issued by the Bureau of Statistics of The National Committee for Mental Hygiene. (See Table VII, page 787.) They include every main group listed in the manual with the exception of "psychoses with Huntington's chorea". It will be seen that the manic-depressive, dementia-praecox, and alcoholic groups are the largest. A comparison of these figures with the statistical tables in the annual report of the hospital for the previous year showed that these three groups also had the largest number of readmissions to the hospital and of "recovered" or "improved" discharges. This would indicate that patients of these three types form the largest percentage of the incoming and outgoing groups at any given time. The large number of dementia-praecox patients is especially interesting in view of the common belief outside the hospital that this disease is incurable. It has been found, however, that "many patients with dementia praecox make fair recoveries and are able to live in the community. Often the defect resulting from the disease is mild in degree. Even so, these patients need guidance and aid, and most of them require some form of social assistance."[1]

TABLE VI. OCCUPATIONS OF PATIENTS ON VISITS

Occupation	*Males*	*Females*	*Total*
Agriculture, poultry, etc.	6	0	6
Manufacturing and mechanical industries	77	9	86
Trade	6	0	6
Transportation	2	0	2
Professional service	4	1	5
Domestic and personal service	7	12	19
Clerical	3	3	6
Housewives	0	55	55
Students	5	0	5
None	0	15	15
Total	110	95	205

Table VIII (page 788) gives the results of a study of the family and personal histories of these patients before the onset of the psychosis that brought about the first admission to the Danvers State Hospital. The outstanding factors of importance were observed, and instances of cases of mental trouble in other members of the family were noted, as well as facts with regard to the physical and mental devel-

---

[1] E. E. Southard and Mary C. Jarrett in *Kingdom of Evils*, p. 473. See note 3, page 780.

TABLE VII. DIAGNOSES OF PATIENTS ON VISIT

Psychosis	*Males*	*Females*	*Total*
Traumatic psychoses	1	0	1
Senile psychoses	2	2	4
Psychoses with cerebral arteriosclerosis	5	6	11
General paralysis	2	2	4
Psychoses with cerebral syphilis	2	1	3
Psychoses with brain tumor	0	1	1
Psychoses with other brain or nervous disease	1	0	1
Alcoholic psychoses	21	2	23
Psychoses due to drugs	1	0	1
Psychoses with pellagra	0	1	1
Psychoses with other somatic diseases	3	4	7
Manic-depressive psychoses	25	33	58
Involution melancholia	1	7	8
Dementia praecox	20	16	36
Paranoid conditions	0	4	4
Epileptic psychoses	3	0	3
Psychoneuroses	1	2	3
Psychoses with psychopathic personality	4	0	4
Psychoses with mental deficiency	7	9	16
Undiagnosed psychoses	8	3	11
Without psychosis	3	2	5
Total	110	95	205

opment of the patient, conduct disorders, definite changes in character and disposition, previous indications of mental disturbance that were adjusted without hospital treatment, and instances of marital unhappiness and of the excessive use of alcohol. Many of these factors, alone or in combination, are found by the psychiatrist in all of the great groups of mental diseases. However, they cannot be considered as symptoms of any particular disease. A large number can be considered as life reactions or defects of adjustment developed "upon the basis of some weak point in the personality make-up, and that weak point can be traced to its developmental beginnings in early life. The foundation of a psychosis is, therefore, laid in every life to the extent that there is imbedded in the personality at some point a capacity for adjustment that is always short of practical perfection. It only needs the play

TABLE VIII. OUTSTANDING FACTORS[*] IN HISTORIES OF PATIENTS ON VISIT

Outstanding factors	*Males*	*Females*	*Total*
Mental trouble in parents	9	12	21
Mental trouble in siblings	11	11	22
Mental trouble in children	2	3	5
Poor physical condition in childhood	15	7	22
Backwardness in school	5	6	11
Tendency to steal	4	2	6
Sex difficulties	2	7	9
Inclination to worry	5	4	9
Seclusiveness	11	9	20
Lack of self-control	10	18	28
Lack of self-confidence	4	3	7
Abnormal fears	1	4	5
Irritable	13	5	18
Quarrelsome	12	5	17
Extreme sensitiveness	1	3	4
Egotistic or stubborn	7	3	10
Periods of excitement or depression	14	18	32
Change in character or disposition	26	28	54
Previous indications of mental disturbance without hospital treatment	20	25	45
Marital unhappiness	5	16	21
Excessive use of alcohol	34	6	40

[*] In some cases more than one of these factors are involved.

of appropriate stresses to seek out this defect and discover it in the symptoms.’’[1]

The sources of contact with the social-service department are listed in Table IX, to show what opportunities the social worker had to become acquainted with the patient, his history, and his environment after his first admission. The histories were obtained by the social worker either in the hospital from visiting relatives or in the patient’s home at the request of a physician, usually because of the physician’s inability to see the relatives himself at the hospital. Often a physician asks for a social worker’s report of the home and environment to which a patient is returning, and upon this report he bases his decision as to the advisability of a trial visit at the time. Again, a physician may request a special investigation of the conduct of a patient or of those in contact with him previous to his commitment, as, for example, in the case of a patient who told stories of abusive treatment from relatives before coming to the hospital. The physician could not determine whether this was a delusion on the part of the patient or whether it was true, and the social worker's investigation helped to get at the real facts of the case, thereby assisting in the diagnosis of the case. Occasionally the social worker performs a personal service for the patient which is not part of her duties, such as the collection of wages due or the location of a lost trunk. After the patient leaves on trial visit, the physicians may refer special cases to the social worker, or the worker may select others with whom she wishes to keep in touch. The sources of contact contained in this list are only those that come up in this particular group; the list is by no means comprehensive.

---

[1] *Outlines of Psychiatry*, by William A. White, M.D. New York: Nervous and Mental Disease Publishing Company, 1921. p. 32.

TABLE X. PATIENTS GROUPED ACCORDING TO SOURCES OF CONTACT * WITH SOCIAL-SERVICE DEPARTMENT

Source of contact	*Males*	*Females*	*Total*
Patient in hospital			
Referred by physician for medical history	27	9	36
Referred by physician for investigation of home previous to discharge	10	14	24
Referred by physician for special investigation	6	12	18
Referred by physician for personal service to patient	1	1	2
Patient out of hospital on previous trial visit			
Referred by physician for after-care visit	3	6	9
Selected by social worker for after-care visit	11	13	24
Patients having no contact with social service since first admission	64	56	120

---

* More than one in some cases.

As was previously stated, the establishment of out-patient clinics assists greatly in the after-care work, making it possible to keep in touch with a large number of patients. A physician conducts the clinic and a social worker assists, so that social problems which the patient reports may be referred at once. Reports may also be received by mail, or from a relative who comes directly to the clinic to ask for advice. Other patients may choose to report personally at the hospital, and still others have never reported. The number of patients who have reported in this group since leaving on the present trial visit is not complete because complete clerical records could not be obtained at the time this study was made. Count was made, however, of those whose visits at clinics had been recorded, and the figures brought out very clearly that many patients were availing themselves of the opportunity to keep in touch with the hospital in this way.

TABLE X. PATIENTS GROUPED ACCORDING TO SOURCES OF CONTACT * WITH OUT-PATIENT CLINICS

Source of contact	*Males*	*Females*	*Total*
Reported personally at clinic or by letter when on previous trial visit	15	9	24
Report received from relative at clinic or by letter when on previous trial visit..........	9	6	15
Reported personally at hospital when on previous trial visit....	1	2	3
Reported personally at clinic or by letter since present trial visit (not a complete record).......	28	33	61
Never reported	65	54	119

---

* More than one in some cases.

At the close of a six-months period from the date on which the last patient in the group went out on trial visit (November 30, 1922), a count was made to determine the present status of the group. Table XI shows that on June 1, 1923, 24 of the total number of 205 had returned to the hospital, 3 had died, and 178 were still out on visit.

TABLE XI. STATUS ON JUNE 1, 1923, OF PATIENTS LEAVING HOSPITAL DURING PERIOD BETWEEN JUNE 1 AND DECEMBER 1, 1922

Status	*Males*	*Females*	*Total*
Returned to hospital............	15	9	24
Died after leaving hospital......	2	1	3
Still on visit...................	93	85	178
Total	110	95	205

III

The group selected for an intensive study of after-care work consisted of 50 patients, 28 males and 22 females, all of whom were thirty years of age or less, as the younger group were presumably the most hopeful cases from the point of view of readjustment and recovery. During the six months in which the study was made, seven of these patients returned to the hospital and one died, but in two cases of return, the social worker was able to be of assistance in the home, and continued to visit it after the patient came back to the hospital. In two other cases where the patient and family were known through contacts made while the patient was in the hospital, it was felt that the family would not welcome supervision, so no after-care visits were made. In each of these cases the family was capable of handling its own problems. Three other patients were inaccessible because they lived outside the hospital district, and eight others were not visited for various reasons—either they were seen at the clinic, had moved and left no address, or calls were made and no one was found at home. In some cases where the patient was already known to another social worker in the hospital and she had visited in the home, it was not considered desirable to make a change in visitors, as this might be confusing to the patient or his family, and the results of the other worker's visits could be studied.

In all, sixty-three visits were made on the remainder of the group, including visits to patients, relatives, friends, neighbors, and social agencies. As a usual procedure in these visits, no intensive social treatment was given unless the case obviously called for it, but efforts were made to study the patient and his adjustment to home life and employment, to encourage him in his progress so that he would feel the hospital's interest in his welfare and also to urge attendance at the out-patient clinics. Often it was found that the relatives needed further interpretation of the patient's condition, and encouragement in their efforts to be more patient in dealing with him. Generally the patient and his family were cordial to the visitor and welcomed the opportunity of talking with some one who represented the hospital and understood something of the difficulties of their problem. In only one instance was active resentment shown to the visitor's call, and it was quite apparent that this was due to the patient's mental condition at the time.

Seven patients were found to be making no improvement in mental condition, and as the problem in these cases seemed to be more medical than social, the patients or relatives were urged to come to the out-patient clinics to consult the hospital physician. In two of these cases, the patient had returned to work, but in other ways had adapted very poorly. Both patients had been diagnosed at the hospital as cases of "acute alcoholic hallucinosis".

Twelve patients had returned to work and appeared to be adjusting themselves in a normal way. However, in two of these cases, girls of nineteen and twenty-eight, the family noticed irritability over trifling matters and a tendency to avoid the society of other people. They also were urged to talk this over with the physician at the clinic, and advice was given to the mother about her attitude in the matter. In some cases a second visit was made to find out whether the patient continued to do well.

Two patients were seen by the social worker only at the clinic and were not visited in the home. One, a boy of eighteen, appeared to be quite typical of the dementia-praecox patient able to live in the community. After he had left the hospital, he had had a short period of convalescence at home, and then returned to the cotton mill where he had formerly worked. At this time he was getting along well with a light mechanical job. He showed no particular interest in what was going on about him, and was rather apathetic, but he was sleeping well, had gained considerable weight, and outside of working hours took many long walks. His history showed that he had always been easily frightened and timid, and preferred sitting about to playing with other children; moving pictures had been his only recreation. His present condition was far from recovery, but was a great improvement over hospital life for him, as he was sufficiently adjusted not to be a complete burden upon his family.

There were ten patients known to other social workers in the hospital through previous contact or after-care visits made during the present trial. One, a young girl of twenty, had been under the care of the State Division of Child Guardianship for twelve years, having been received by them as neglected. She was reported as always having been odd, backward, talkative, timid, and excitable. She was diagnosed as a case of ''mental deficiency without psychosis (hysteria)'' and later improved and left the hospital in care of the Division of Child Guardianship. Later she visited the hospital with a social worker from this division who wished the hospital social-service department to become acquainted with the girl in order to assume supervision of her, as on her twenty-first birthday she would be discharged from their care. The hospital social worker, therefore, visited the girl in the private home where she had been placed at housework, and found that she was pleasantly situated with people who were kind to her. The hospital supervision will continue as long as possible, and she will then be referred to some other social agency which can direct and supervise her, as she will probably always need more or less guidance.

Another patient in this group was visited at the request of a worker from another social agency. This agency had taken charge of the patient's baby while the mother was in our hospital, and now wished to know whether the patient was able to have her child at home. Our worker visited the home and also one of the patient's relatives, and after consultation with the hospital physician, it was decided that the baby could be returned to its mother. The visiting nurse from the agency was asked to supervise the baby as well as the two other children in the family, and to report to our worker, who would make occasional visits to the patient. She was also given suggestions for dealing with the patient, who still retained some delusions in regard to her husband's family.

Of the entire group of 50 patients, 37 were visited in the home, and a large variety of medical and social problems was found and treated so far as possible. In many cases the only treatment called for was advice, reassurance, or encouragement. In others, social treatment has only been started, but will be continued as long as there are active problems. Those that are active at the present time have been classified in the following list according to the plan of analysis used by Dr. Southard in *The Kingdom of Evils.*[1] Many problems have been classified as mental which in other types of social work might have been considered as belonging in one of the other groups, but are here believed to be due wholly or in part to the patient's present mental condition. Each problem has been studied in connection with many other factors in the case, and often the solution of one has been found of assistance in solving the others.

- *Morbi:* Diseases and Defects of Body and Mind.
    - Body:
        - Syphilis in parents and possibility of it in children
        - Poor physical condition in children
        - Swollen cervical glands in child
        - Underweight and constipation in baby
    - Mind:
        - Spells of overactivity
        - Spells of depression
        - Crying without cause
        - Irritability over slight matters
        - Avoidance of other people
        - Listlessness
        - Lack of self-confidence
        - Quarrelsomeness
        - Stuporous condition
        - Lack of responsibility
        - Neglect of children
        - Neglect of personal appearance
        - Religious conflicts with others
- *Errores:* Educational Deficiencies and Misinformation.
    - Poor control of children
    - Lack of preparation for confinement
    - Untidiness of home
- *Vitia:* Vices and Bad Habits, Non-psychopathic.
    - Poor mental habits in children because of poor training
    - Quarreling with "in-laws"
    - Bad habits of eating, in children
    - Conflict of American and Polish standards
    - Marital discord
    - Excessive use of alcohol
- *Litigia:* Legal Entanglements in and out of Court.
    - Legal separation from husband
    - Non-support of wife and children
    - Appointment of guardian
    - Collection of sick benefits from fraternal order
- *Penuriæ:* Poverty and Other Forms of Resourcelessness.
    - Insufficient income
    - Tendency to give up jobs on slight provocation

---

[1] See note 3, page 780.

Lack of suitable employment
Inability to make friends
Lack of recreation
Estrangement from relatives

In order to show some of the results of social treatment in the 50 cases at the Danvers State Hospital that were studied in relation to after-care, several cases are presented in detail. These cases do not represent completed treatment or complete adjustment of the patient in every instance, as they have not been carried over a sufficient period of time. They do, however, point out the possibilities of after-care visiting, and the need of one social worker in each hospital who could give full time to this particular work.

Case 1.—Walter was a boy of fourteen when he was first admitted to our hospital. The social worker was asked by a physician to secure the medical history, and the following facts were obtained from his mother and school teacher.

From the time he was ten years old, he had been running away from home and was sometimes gone all day and until late at night. He had stolen money from an old lady who kept a store, and used it in going to moving pictures and distributing 25-cent pieces to his friends. He had been making very little progress in school, so when he was eleven years old, on the advice of the priest he was sent to a farm school where he remained three years. He was then brought home because he was learning nothing there and his mother thought that she would try him at home. He was placed in a parochial school, but was soon expelled because he was profane, defiant toward the teachers, and smoked in school. He learned nothing whatever and impressed the teacher as being a mental defective.

Walter was a masturbator and about this time began to show a tendency to exhibitionism before his sisters, used bad language, and was defiant of authority. Two months before his admission to the hospital, while his mother was at work and Walter was supposed to be earning money for a picture show by washing the floor, the woman living upstairs reported that she heard screams from his sisters and, coming down, found him threatening to set his sisters' hair on fire. It seemed probable that he was playing ''bad man'', as he was crouched in a corner with his cap pulled over his eyes and a knife held before his face. He admitted all this to his mother, but said that he did not mean anything. Later his mother saw him threaten to kill his younger sister, of whom he was very fond, with a monkey wrench. His mother laid this behavior to his constant attendance at the moving pictures. She found it impossible to manage him at home, and as he was in a very nervous condition, she had him examined at the Psychopathic Hospital. From there he was committed to our hospital.

He was diagnosed a case of "psychosis with mental deficiency'' and remained in our hospital nineteen months, during which time he made two short visits home and a trial visit of two months. As he got along well during this latter visit, he was soon allowed to go home on his present trial visit, and has now been out of the hospital ten months. It was not possible to transfer him to one of the state schools for the feebleminded because of his psychosis.

As the social worker had obtained the medical history and knew the problems involved in this case, she was especially interested to see what adjustment could be made. After-care visits were made in the home, Walter also reported several times personally at the clinic, and once a report by letter was received from his mother. Special inquiry was made to find out what his present habits were; what sort of recreation he chose; who his companions were; what he did with his wages; and whether his emotional reactions showed any improvement.

For a while after his return, Walter worked with an older brother on a truck farm. He improved physically and got along very well. Since then he has worked in a shop, and at laboring work with pick and shovel. He earns fair wages, which he gives to his mother regularly, as she is a widow and needs his help because of younger children. She supplies him with clothing and spending money. At times he is irritable and sulky, but he has not attempted violence nor has he made any threats. He smokes a great many cigarettes and goes to the moving pictures about three times a week, but this is his only recreation. He usually goes out with his boy friends who, his mother thinks, are a good set of boys and have no bad influence over him. He does not seem to care for the society of girls.

Walter's mother states that she knows he will never be ''quite right'', but she is satisfied with his present condition and behavior, as he has shown no further wayward tendencies and is able to support himself and to help her.

Case 2.—Mrs. A. was a Polish woman, thirty years old, who came to the hospital after the birth of her sixth child. She had come to this country when eleven years old, attended parochial school, and left at fourteen to work in a cotton mill. At eighteen she had married and since then had had six pregnancies; three children, boys, were living. She was said to have had rather an unhappy married life, but no definite history of abuse or cruelty on the part of her husband could be uncovered, although he was rather indifferent toward her and was reported as being fond of gambling. He kept a small grocery store and claimed that he provided adequately for his family. His wife, however, said that he did not support them properly, and after she came to the hospital, accused him of intimacy with a young clerk in his store. These statements were never proved and may have been delusions on her part.

Mrs. A. was reported as having always been seclusive, never seeking friends. On at least five occasions before and after marriage, she was said to have wandered away from home, leaving suddenly for no apparent reason and sometimes staying away several days at a time. No one knew where she went, and on three occasions she had tried to commit suicide, once with poison and twice by jumping into the water. Whenever she went away, the husband had taken care of the house and children until her return, and twice, when telephoned to by people who had found his wife wandering about, he seemed indifferent and said that he could not be bothered to go after her, as she would come home anyway after a while.

At the time of her last confinement, Mrs. A. had been alone in the house with the three little boys, and had had no help until after the baby's birth, when her husband came home from the store. As it was winter and a pane of glass had been broken from the bedroom window, both she and the baby caught cold and the baby died of exposure. Mrs. A. was critically ill with pneumonia for some time and was taken to the general hospital. When she was able to return home, she was very weak. She kept thinking about the baby, as it was a girl and none of her three baby girls had lived. She became greatly depressed and was brought to our hospital, where she was diagnosed a case of ''manic-depressive, depressed''.

After leaving the hospital on trial visit, she reported at the out-patient clinic, complaining of pain in her back and sides; she said that she was again pregnant. The visitor called at the home and was received by the patient in a very friendly way. In talking with the visitor, the patient showed considerable insight into her previous depression. She said that she was feeling all right mentally at present, had had no further attacks or crying spells since she came home, and had seen a doctor the week before and expected confinement within a month. The visitor talked with her about her preparations for the coming confinement, and found that very little had been done in spite of the difficulties experienced the previous time. The visitor offered to ask a prenatal nurse to call, but Mrs. A. had never had a nurse come in and saw no necessity for it this time. The visitor did not feel that the patient should be urged to accept American standards at once, as she was apparently satisfied with the emergency plans she had made and according to Polish standards was probably sufficiently prepared, as she had already had six pregnancies and knew what to expect. The husband was seen, but he apparently thought that the patient was getting along all right.

Other visits were made, and Mrs. A. came through her confinement without any particular trouble. The baby was a girl, which delighted the patient. About two months after the baby's birth, it was found that Mrs. A. was rather unhappy. She could give no particular reason, but said that she wished she was ''up in the cemetery''. The baby did not seem to be gaining and was very constipated. It was suggested to her that a baby clinic, where the doctors and nurses knew a great deal about babies, might be able to tell her what she ought to do for her baby. This time the patient accepted the suggestion, and later a visiting nurse was asked to call and invite Mrs. A. personally to the clinic. A few days later the patient was seen at the out-patient clinic of our hospital and reported to the doctor that she was getting along well. About this time a sister-in-law from the Middle West came to visit the patient's mother. She was quite concerned over the trouble the patient had had, and urged her to return home with her for a long visit, leaving the two oldest boys with her mother. The patient has not quite decided to go, but the husband and mother agree to the plan.

Case 3.—Marion C.'s mother was an alcoholic and immoral woman who had been divorced by her husband when Marion was six years old.

Later, her father remarried, and she was brought up by her stepmother. The home life was not very happy, and after she finished high school, and commercial school, Marion left home to earn her own living. She tried positions as stenographer in business offices, but gave them up because of an abnormal fear and dislike of men, which she could not overcome. She then earned her living at housework for several years. When about twenty years old, she became acquainted with an older woman and for her company soon gave up all other friends. She left the Protestant Church in which she had been quite active, and attended the Catholic Church with her new friend, becoming very devoted to this religion. She thought that she must convert all her friends, and especially her family, and worried considerably over the religious aspect of her father's second marriage.

Marion had a younger brother who had been sent to the Danvers State Hospital by the court because of a charge of rape. He received the diagnosis ''constitutional psychopathic inferiority''. Marion had worried and brooded a great deal over this affair. About three years later, when twenty-five years old, she suddenly became very excited and overactive, was noisy, emotional, and over-religious. She was sent to our hospital, where she was diagnosed a case of ''dementia praecox, catatonic'', and where she remained fourteen months.

Her release from the hospital was brought about at the request of an aunt, Mrs. Y., who was interested in the girl because she herself had had a nervous breakdown at one time and realized the difficulties of recovery even where home conditions were normal. Mrs. Y. had a pleasant, comfortable home to which she took Marion, and did all that she could to make her feel happy and contented. She encouraged her to start anew, to follow a healthy régime, and took a personal interest in her clothes and recreation with other young people. Marion was allowed to go to the Catholic Church and follow her own religious beliefs, providing she did not try to force the other members of the family to do the same.

The social worker called a number of times and found that Marion was progressing slowly under her aunt's good care. Finally it was decided that she was well enough to work again and light work was found for her. Her first attempt was as a maid in a general hospital, but she had to give this up because her aversion to men had again arisen. She then tried a place at housework and for eight weeks got along well, but left there as she felt that more was expected of her than she could do. At this time Marion's father asked her to come home again to help with the housework, as her stepmother was working outside three days a week. Marion tried hard to overcome her dislike of the situation, and really got along very well for a while. These trials gave her more confidence in herself and showed an improvement in her ability to adapt herself, so she felt that she could take another place where she might earn more. The social worker also felt that she ought not to remain in her father's home, where his temperament, which was an overbearing one, irritated her. She found another position, but soon left because the children in the family were too much of a strain upon her.

Through the social worker a position in a comfortable home with two ladies was found. She got along well for a while, but it was noticed that she was becoming more and more seclusive. She took no recreation, although she was encouraged to do so by her employer. Efforts were made by her aunt to interest her in normal recreation and other things that a girl of her age would enjoy, such as pretty clothes and more care of her personal appearance, but Marion withdrew more and more within herself. She spent the greater part of her earnings on contributions to religious societies, and complained that she was given too much work to do, although her employer had undoubtedly put up with a great deal from her because she understood Marion's condition.

Marion's present condition shows that she will probably never be able to adapt herself sufficiently to support herself entirely, as she cannot remain in one position very long. Whether she can continue to remain outside the hospital is a question that only time can answer.

Case 4.—Charles T. had had no contact with the social-service department until his second admission to our hospital. He was then referred by a physician for help in adjusting the trouble between himself and his wife. He was a good-looking, sturdy young man, twenty-three years old, of French parentage, who had married a young girl of Irish parentage four years previously. From this union two children were born. The young couple lived for a while with Charles' family, but his relatives took a dislike to his wife because she was not French and there was constant friction. Mrs. T. did not speak French, as did the others in the home, and whenever Charles and his mother talked together, she imagined that they were talking about her. They tried living outside for a while, and in Mrs. T.'s home, but they still quarreled because of Charles' violent temper and continued interference from his relatives. Then Charles began to drink and quarreled with his wife's mother, who on one occasion shut him out of the house. Twice the couple separated, each going home, and at last they got a legal separation.

Charles' first admission to the hospital was apparently brought about by drink, but he was also found to have had epileptic attacks ever since he was seventeen years old. These attacks usually came on during the night, were slight, and did not interfere with his work. In two weeks he was sufficiently recovered from his psychosis to return to his parents' home at their request. Before the social worker had an opportunity to visit him, he was brought back to the hospital in a wildly excited and confused state, evidently the after-effect of two severe epileptic attacks. A change was made in the diagnosis to "epileptic psychosis, excited and confused", and although his condition cleared rapidly, he was advised to remain in the hospital for treatment. He appeared to have no conception of his real difficulty, although the physician talked with him about it. He considered that his condition was the result of drink, promised to give it up, and wanted the social worker to help him to make plans to live with his wife again as soon as he was able to leave the hospital. He appeared to be really very fond of his wife and children, and recognized that much of their trouble was due to interference from relatives.

Mrs. T. was visited and found to be an attractive young woman. She was living with her two children, two and three years old, in her mother's home. Her mother was a widow and worked at anything she could find to support herself and her two boys of school age. She was helped a little by the town. Mrs. T. stated that Charles had been ordered by the court to pay her $6 a week, but had not done this more than twice, although he had made good wages as a teamster. She realized that she could not depend upon him or her mother for support, so she had made plans to do home work for a nearby hosiery, and was getting along very well with what she could earn.

She told the visitor that she did not wish at present to make any plans to return to her husband, as she felt that she had suffered too much from him to overlook it so soon. However, she felt friendly toward him and wanted him to know that the children were getting along well, and hoped he could see them occasionally. In view of the patient's diagnosis, the visitor explained to his wife the unfavorable prognosis so far as any permanent recovery was concerned, and also the danger of his violent temper, with which she had already tried to cope and which was probably a symptom of his disease. She was encouraged in her present attitude toward supporting herself and children, and was offered any help that the social service could give her in solving her problem.

Later the local overseers of the poor were visited, as well as a neighbor and the patient's sister, and efforts were made to clear up some of the statements that had been made in regard to Mrs. T.'s character. She was reported to have a good reputation so far as personal observation went, and the sister could give no definite instance of her unfaithfulness to Charles, although admitting frankly the family's dislike of her.

When Charles was told that no plans could be made for him to live with his wife, and furthermore that she did not wish to return to him, he adopted a defiant attitude—said that he did not care, that some other man was probably supporting her. In a number of talks, the worker tried to convince him of his wife's sincerity, and to show him what a difficult problem she had in supporting herself and two children, and how unfair he was to her. He finally admitted that he had no proof of unfaithfulness on her part and said that he really cared a great deal for her. He could not realize that it was better for him to make no plans for the future at this time, and later begged the social worker to see his wife again to find out whether she had changed her mind.

He will probably remain in the hospital indefinitely, perhaps later being transferred to a hospital for epileptics. He has had many quarrels with the other patients and frequently strikes them impulsively if he thinks they are interfering with him in any way. Efforts will be made to keep in touch with his wife, but no plans for them to live together will be encouraged if he is allowed to go out, for the sake both of his wife and of his children.

Case 5.—Mrs. D., a young woman twenty-six years old, had a bad hereditary history, with mental disease and instability on both sides of the family. Her mother is at present a patient in our hospital, one brother has also been there, and other relatives have hospital records. Mrs. D. was married at nineteen to a fisherman whom she had known only a few weeks, and of whom her family greatly disapproved. Her husband had been periodically alcoholic before marriage, and she contracted syphilis from him shortly after. Her first baby lived only a few hours. She was ill with typhoid fever at the time, and not long afterward mental symptoms developed. She was committed to our hospital, where she was diagnosed a case of "dementia praecox, hebephrenic". She was treated for syphilis, and when her mental condition improved, was allowed to leave the hospital in her husband's care with advice to continue anti-syphilitic treatment.

During the next four years, Mrs. D. gave birth to two children and had two miscarriages, but mentally was well until the youngest child was ten months old. She then became jealous of her husband and the baby, had spells lasting a day or two at a time, and accused her husband of immorality with the woman who lived upstairs. She was alone a great deal because her husband was away at sea. When she became excited and noisy, it became necessary to return her to our hospital.

When she improved, she was again allowed to leave the hospital under her husband's care, with the understanding that he would get some one to stay with her. Within the next two months reports were received twice from her family that she was in a very excited condition. The social worker called, but found the patient quiet and in sole charge of her two children, as her husband was away on fishing trips that lasted a week or two at a time. It was felt by the hospital physicians that she should be returned, but it was impossible to get in touch with the husband, as he came home very irregularly, and then only overnight or for a day. As there was no one to take charge of the children and Mrs. D.'s relatives could not help in the matter, it seemed best to refer the case to a children's agency to place them. Mrs. D. was willing to return to the hospital, providing arrangements were made for the children, as her husband was barely able to eke out a living from his fishing trips, and she realized that the constant strain of providing food and clothing for herself and her children was too much for her. However, before arrangements were completed for the children, Mr. D. returned and placed them himself outside the city with his two sisters. Mrs. D. returned to the hospital.

At this time it became necessary for the social worker to clear up statements that Mrs. D. had been making to every one with whom she came in contact in regard to her father's sexual excesses. She stated that this had done much to put her mother in Danvers, and that he had ruined her and her younger sister when they were in their teens. A talk with the sister revealed the fact that this was not true and that the patient had told many similar stories which were causing a great deal of embarrassment to the family.

About two months after Mrs. D. returned to the hospital, her husband made several insistent requests for her release, stating that he had made plans for her to stay with his sister and that his brother had obtained a job for him as janitor. He appeared not to realize the seriousness of her condition, and impressed the social worker as wanting to take the patient out for some reason of his own, but as showing no disposition to take a responsible attitude toward her support or care. The brother and sister were visited and found to be much superior in intelligence to Mr. D. Both stated emphatically that no plans had been made by them for the patient; they thought that for her own sake as well as the children's she should remain in the hospital, as she was not able to assume the care of the home, nor was Mr. D. able to provide for her properly.

The patient was found to be pregnant during this hospital residence, and arrangements for her confinement in another hospital were referred to the social worker, as Mr. D. had left on another trip and nothing had been planned. The patient thought that she would like to go to a Salvation Army hospital of which she had heard, as she and other members of her family had been active in that organization in the past. Inquiry was made at the hospital, but they could not take her at the time. As Mr. D. was unable to pay regular hospital expenses, it was decided that it would be necessary to transfer her to the state infirmary, at Tewksbury, Massachusetts, which would insure her return to our hospital after confinement. However, Mr. D. came home shortly after and made arrangement with a physician outside who took her to a general hospital.

After the baby's birth the family moved, leaving no address. When the social worker finally located Mrs. D., both she and the baby appeared to be getting along well, but the two boys, now two and four years old, were just convalescing from the measles. The older boy was having quite a bit of trouble with swollen glands, which his mother said were being treated by her physician.

As the social worker wished to know whether Mr. D. had been taking anti-syphilitic treatment, inquiry was made at the dispensary. He was reported as taking treatment regularly, but the children had not been examined for fifteen months, although the doctor had asked that they come back within six months. When the visitor called at the home again, the little boy was no better and nothing further was being done for the swollen glands. As he appeared to be in poor physical condition, the visitor urged that he be taken to a children's clinic. Mrs. D. agreed to go with the worker and to take the other boy, too. She also accepted the suggestion that it was desirable to have a blood test taken of the baby to be sure that she was all right.

However, before plans could be completed for the visit to the clinic, Mrs. D. was suddenly returned to the hospital. A call was made on her sister, but she knew nothing about what had happened to bring on the attack. The patient had arrived at her father's home in a very confused state. She had walked across the city in the snow with the oldest child and both were much exhausted. She was returned to our hospital, and the little boy was quite ill with a high fever for several days. Mr. D. then took him away and none of the family knew where he or the children were staying, as they were not on friendly terms with him and blamed him for his wife's condition. Neither the neighbors nor a friend with whom he had left the children for ten days could tell where Mr. D. had placed the children. They thought that he had disposed of the household furniture and had left town, taking the children with him.

After much delay, the children were located in a nearby city in a private home where they had been boarded on a previous occasion. All three children had been ill, and for several days it was feared that the baby would not live. However, they were all improving rapidly, and the visitor was quite favorably impressed with the boarding mother, who appeared to be neat, capable, and experienced in the care of children. She stated that the two boys were extremely difficult to manage, as they had apparently been allowed to have their own way, were saucy and independent, and had been fed so many sweets that it was difficult to break them of the habit. The older boy was under the care of her physician, who recommended tonsillectomy as soon as the child had been built up with a proper diet and plenty of fresh air and sunshine.

As the social worker was unable to see Mr. D. because of the uncertainty of his days off between trips, she decided to talk with his sister, who was coming over quite regularly to see the children. The sister seemed to feel that the children were now getting very good care, and agreed with the visitor that Mr. D. should be urged to leave them there for the present at least. The visitor also talked with her about the advisability of having blood tests taken of all the children in order to guard against future trouble, and suggested that she take up the matter with Mr. D.

These cases, which have been presented in detail, are typical of those with which the after-care worker has to deal. They illustrate the social and medical problems that she helps to adjust by extending the hospital service and treatment outside the hospital walls. In her visits she also finds many opportunities for preventive work.

Case 1 illustrates the many problems with which the worker is constantly coming in contact, such as the mother with an unmanageable child, the adolescent with wayward tendencies, the feebleminded child unable to cope with other children at home and in school, the lack of healthy recreation for the children, and the effect on them of a poor type of moving pictures. Although in this particular case no great amount of active treatment was necessary, the social worker knew the problems that were involved, and in her after-care visits made particular efforts to find out what adjustments had been made, recognizing that many never could be completely solved, but that fairly adequate compensations might be made. Hospital life appeared to have had a stabilizing effect upon Walter, and in the mother a friendly attitude toward the physicians and social workers had been established, so that she undoubtedly will feel free to report any indications of further trouble.

In Case 2 the question was one of mental trouble which was not recognized as needing treatment until it became necessary to bring the patient to the hospital. Early recognition and treatment for such cases will come only with the broadening of community education in such matters, and the more frequent use of out-patient clinics as an aid in preventive work. Then, too, in this case we are dealing with a conflict between foreign and American standards which is also a matter for education to deal with and cannot be forced.

Case 3 may in time prove to be an example of the failure of a dementia-praecox patient to adjust herself to community life. It does, however, teach us that the coöperation of interested relatives with the social worker can do much to help some of these patients to be at least partially self-supporting, so that they will not be entirely dependent upon their families or upon the state. It is of course impossible to say how large a part an alcoholic and immoral parent played in the inheritance of nervous instability of this patient, or how much effect her unhappy child life had in bringing about her mental breakdown, but we cannot discount these as factors in the study of preventive measures and mental health.

Case 4 may not be considered as rightfully belonging to a group of after-care cases. However, the patient went out on trial visit during the period in which this study was made, but returned before the social worker had had the opportunity to visit and is likely to remain indefinitely in a hospital. We should take into consideration the fact that in spite of a bad prognosis, his parents are likely to be very insistent in demanding his release if he improves under treatment, and he may in time be allowed another trial visit. In this event, it would be quite important for the social worker to keep in close touch with the situation and to know what to guard against. Again, a question may arise in this case as to the social worker's motive in carrying on social treatment with the wife when the matter might have been referred to a family-care agency. As it happens, there is no social agency in the town where the wife lives, and moreover, it was felt that as the trouble arose between the patient and his wife, our worker had access to both sides of the problem, whereas a worker on the outside could not have kept in touch with the patient.

Case 5 is very clearly one in which active social treatment with the patient and her family is necessary, both when she is in the hospital and when she is out. The husband is an ignorant, inferior type of man, who has no insight into his wife's real condition and insists upon taking her home every time she improves sufficiently to go. This results disastrously each time for the patient as well as for her children, and may do permanent damage to the mental as well as the physical health of the latter. The husband evidently realizes the seriousness of his own syphilitic condition and goes for his treatments quite regularly, but unless he is followed closely and convinced of the necessity, he will probably do nothing further to guard against the development of the disease in his children. In addition, one of the little boys has already shown peculiar mental traits and should be watched closely to prevent the development of bad mental reactions to his mother's illness.

This study of after-care work with mental patients indicates the value of such work to the individual patient and to the community, both as an extension of the hospital treatment beyond the hospital itself, and as a useful means of approach to the problem of prevention and early recognition and treatment of mental disease.

BIBLIOGRAPHY

Annual Report of the Trustees of the Danvers State Hospital, 1921.

Census of Massachusetts, 1915.

Frost, Henry P. *After-Care of Mental Patients.* Boston: Massachusetts Society for Mental Hygiene, Publication No. 11.

General Laws of Massachusetts, Vol. 1, 1920.

Kline, George M. ''Social Service in the State Hospital.'' *American Journal of Insanity,* Vol. 73, pp. 567-81, April, 1917.

MacDonald, John B. *Community Value of the Out-Patient Department of the Hospital for the Insane.* MENTAL HYGIENE, Vol. I, pp. 266-73, April, 1917.

MacDonald, John B. ''Social Service and Out-Patient Relations.'' *American Journal of Psychiatry,* Vol. 1, pp. 141-57, October, 1921.

Mabon, William. ''After-Care of the Insane.'' *American Journal of Insanity,* Vol. 64, pp. 9-27, July, 1907.

National Committee for Mental Hygiene, Bureau of Statistics. *Statistical Manual for the Use of Hospitals for Mental Disease.* New York: The National Committee for Mental Hygiene, 1923.

Records of the Danvers State Hospital.

Russell, William L. *What the State Hospital Can Do in Mental Hygiene.* MENTAL HYGIENE, Vol. 1, pp. 88-95, January, 1917.

Southard, E. E., and Mary C. Jarrett. *The Kingdom of Evils.* New York: The Macmillan Company, 1922.

Tucker, Katharine. *Review of Three Years' Work of the Social-Service Department.* (Extract from the Report of the Special Committee on Mental Hygiene in the Twenty-third Annual Report of the New York State Charities Aid Association.) New York: New York State Charities Aid Association, 1915.

White, William A. *Outlines of Psychiatry.* New York: Nervous and Mental Disease Publishing Company, 1921.

ABSTRACTS

CONTRIBUTIONS OF FREUDISM TO PSYCHOLOGY. By L. L. Thurstone, James H. Leuba, K. S. Lashley, and Joseph Jastrow. *Psychological Review.* 31:175-218, May, 1924.

Various attitudes are represented in the four papers that make up this symposium. In the first—*Influence of Freudism on Theoretical Psychology*—Thurstone emphasizes the aspects of the "new" psychology—under which term he groups together psychoanalysis and the related schools of psychology and psychiatry—that are having a modifying effect upon so-called scientific psychology. The significant difference between the old and the new schools of psychology he finds to be a difference in subject matter, the logical result of a difference in origin. The old psychology was developed first by philosophers and later by psychologists who were concerned with it as a laboratory science; it has studied the normal mind, and the normal mind in a state sufficiently calm and contented to permit of laboratory experimentation. The concepts of the new psychology, on the other hand, have been formulated by physicians who have been interested primarily in the treatment of mental disorders; its subject matter has been made up largely of minds that have become disordered under the stress of some disturbance in the fundamental life trends. The old psychology, therefore, has been occupied chiefly with transitory mental states, with situations that can be arranged for under laboratory conditions and in which the subject reports what he at the moment sees or hears or feels. There is no criticism to be made of such laboratory experimentation except that it seldom touches upon the permanent life interests of the person under observation and so has contributed little in the way of an increased understanding of human nature. The new psychology, on the contrary, with its roots in the psychopathic hospital, is concerned with the expression of basic and permanent human wants and needs and the objective toward which it is consciously aiming is a deeper insight into human nature and human problems.

Another basic difference between the old and the new psychology is in their approach to the problem of behavior. The academic psychologist interprets behavior as largely a function of environment, a series of responses to stimuli. The stimulus is regarded as the starting point, the behavior as the end result. The inclinations of the person in question are, to be sure, recognized as a factor in the situation, but only as a modifying factor. From this point of view the investigation of a psychological problem resolves itself into a search for the provocative stimulus, a description of the resulting mental states, and a description of the responsive behavior. Often, indeed, only the first and last factors are considered. The medical psychologists proceed upon a very different line. For them the person, with his individual needs and desires, is the starting point of conduct; the stimulus or environment is merely the means by which he seeks to obtain the satisfaction of his cravings. To illustrate, Thurstone takes the case of a mental patient who acts and behaves as if he were an emperor, and contrasts the approaches of the old and the new psychology to the problem presented. ''The psychologist of the established academic schools would ask about the stimuli, the environment, and he would state or imply in his solution that the patient is merely responding to stimuli. There might be some difficulty in specifying just what the stimuli are to which the patient is responding by talking like an emperor. The academic psychologist would list on one side of his scientific ledger the stimuli and environment to which the patient has been exposed, and on the other side of the ledger would be recorded the behavior of the patient. The conduct would be described as a function of the environment, modified, to be sure, by the characteristics of the patient himself.

''The psychiatrist . . . would list on one side of his ledger the wants and cravings of normal people, assuming that these wants are also a part of the self of the patient, and on the other side of the ledger he would list the patient's conduct. The scientific problem would be to state how it comes about that the patient expresses in his particular way wants that are universal. The psychiatrist would treat that environment as merely the means by which the patient seeks to express wants and cravings that are universal. The procedure is much more powerful and illuminating. It shows us more about human nature, but it is not subject to the exact quantitative technique of the older sciences because the wants and cravings of normal people have not yet been classified and isolated in a measurable way.'' Psychology, therefore, has limited itself to the relationships that can be measured and in its preoccupation with these has tended to forget the individual person altogether.

Thurstone admits that the psychologist's contempt for the unscientific methods of psychoanalysts and psychiatrists is too often justified. ''It is true that they often let their imaginations run wild. They seldom express themselves clearly. They rarely define their terms. They almost pride themselves on loose thinking. They know nothing about controlled experimentation. . . .

"But", he concludes, "let us not be so petty that we refuse to acknowledge merit even though it be closely associated with gross defects. The psychoanalysts have made a contribution to theoretical psychology in calling our attention to gross deficiencies in what we call the subject matter of psychology. The content of psychoanalysis, psychiatry, and the so-called new psychology is much more important than the content with which we have busied ourselves as scientific psychologists. The underlying relation between the life demands of the organism and the behavior by which these demands are satisfied is the subject of psychoanalytic study, and that relation is more important as a determinant of mental life, personality, and conduct than the stimulus-response relation to which we as scientific psychologists have given most of our effort.

"Let us turn to the effects which the psychoanalysts and the psychiatrists have used on an empirical basis in their medical practice, and apply to these phenomena the methods of controlled scientific experimentation. It is certain that both medical practice and psychology as a science will profit from such a venture."

Leuba, whose paper is entitled *Freudian Psychology and Scientific Inspiration,* considers that in spite of "crude and extravagant features", Freudism is in line with the progressive trends of orthodox psychology. He mentions four tendencies of Freudism that seem to him of value: (1) It has added impetus to the movement away from an atomistic and intellectualistic psychology and toward an integrated and dynamic conception of man. (2) It is radically deterministic, perhaps not more so in theory than the "old" psychology, but certainly so in practice, holding that nothing in the psychical life is a matter of chance, but is determined by psychical antecedents which are usually thwarted or repressed wishes or desires. (3) It is forcefully directing attention to the persistency, in some form or other, of psychical impressions and their potency upon later behavior. Leuba does not endorse the theory of a "conscious subconscious", but does share the belief that "the past, even though it be neither recalled nor recallable, continues to exert a definite, specific influence upon present behavior". (4) It has put new life into the study of psychology by turning the attention of psychologists and of the public to "the great and central problems of personality and behavior".

Having acknowledged psychology's debt to Freudism, Leuba devotes the greater part of his paper to the discussion of a phenomenon that is commonly attributed to unconscious mental activity, but for which he offers another explanation. This is the phenomenon of what is popularly called scientific inspiration or revelation—the sudden flash of illumination or insight into a problem that sometimes comes, unexpectedly and without effort, after conscious effort to solve the problem has ceased. Leuba considers this phenomenon not restricted to the great moments of scientific discovery or artistic creation, but characteristic of all thinking, which proceeds by fits and starts instead of by an uninterrupted forward movement. The flash of inspiration he identifies with the improvement in an activity involving muscular skill—typewriting, for instance—that is often observed after a long interval during which the activity has not been practiced. As applied to typewriting, he quotes Book's explanation that this improvement is due to the disappearance, with the lapse of time, of numerous interfering associations, bad habits of attention incidentally acquired in the course of learning, interfering habits and tendencies, which, as they fade, leave the more firmly established typewriting associations free to act. Leuba argues that thinking as well as typewriting is a neuro-muscular process and therefore, like typewriting, involves false moves. ''As we repeat the unprofitable thinking, while exploring blind alleys, the production of the right thought becomes increasingly difficult. We know that in certain circumstances it seems as if the mind had become limited to wrong directions; it goes round and round in the same vicious circles. If at such times we let go, thus producing a condition that will make possible a weakening or a disappearance of the unprofitable thought movements, and subsequently return to the problem, we stand a better chance of striking a new path, and the new path may be the right one.

''Thus we may understand why the scientist, the philosopher, and other persons are at times surprised by the appearance of fruitful ideas which strenuous efforts had failed to produce. . . . No unconscious mental activity of any sort is involved in this explanation, but only the fading out of physiological impressions, whatever their nature may be.''

K. S. Lashley's paper, *Physiological Analysis of the Libido,* is a criticism of the psychoanalytic theory of motivation on the ground that it disregards the data of psychology. On the contrary, Lashley charges, psychoanalysts ''are content with a crude mechanics which seems to have been derived from analogy with the simplest physical forces. The mental mechanisms of the psychoanalysts resemble more closely the behavior of liquids under pressure than they do any physiological process and, indeed, the similarity is so exact that we might justly call the Freudian dynamics a system of psychohydraulics.''

Experimental studies in the field of psycho-biology furnish no support to the theory that the activities of the organism are motivated by a common energy derived from a single source such as the sex instinct. The weight of the evidence is on the other side. Studies, such as those of Steinach, Moore, Stone, and others, of the sexual behavior of the male rat indicate that there is no sex instinct or sex drive in the usual sense of these terms. ''Sexual behavior consists of a number of acts, each a definite response to a definite pattern of stimulation. These reflexes are independently conditioned by specific hormones, by nutritional factors, and by habitual modifications. There is no evidence here for the existence of free energy. There is no unity among the sexual reactions such as is essential to prove their common motivation. There is no source of energy which could fulfill the requirements of the libido.''

With regard to such other possible sources of energy in the organism as the glands and postural reflexes, the weight of the evidence here, too, is against the theory of a general dynamic function.

The psychoanalytic hypothesis, Lashley admits, ''appears to explain a very large mass of data. But if other explanatory principles can be found which equally cover the facts of behavior and are in better accord with physiological principles, the psychoanalytic interpretations must give way to them. It is simply a question of accepting the hypothesis which synthesizes the greater number of facts.

''Such principles have been suggested by Woodworth, Watson, and Southard, among recent writers. They make use of conditioned emotional reactions, failure to develop social habits or the development of antisocial ones, conflict of habit systems, and emphasize the importance of constant social irritations, as the psychoanalysts have not done. The conceptions have not been elaborated as have those of Freud, but where they have been applied, they provide at least as satisfactory an explanation, without violating our conception of physiological organization. . . .

''Psychoanalysis has done important work in emphasizing and systematizing problems and has given to psychology such valuable categories for classification of types of behavior as conflict, rationalization, and the like, but the dynamic principles which have been advanced to explain the action of the Freudian mental mechanisms are scientifically unsound. The problem of motivation is far more complex than the Freudians would have us believe, and its solution is to be sought in the investigation of many related fields: the analysis of specific instinctive responses, the neural basis of emotions, the mutual influence of habits, the total integration of all such systems of reaction. The hasty postulation of such crude vital forces as the libido can only delay experimental investigation and postpone a real insight into the true nature of human motives.''

The Neurological Concept of Behavior is the title of Jastrow's paper. He shares Thurstone's view that scientific psychology, notably the behaviorist school, in its preoccupation with the stimulus-response relation has forgotten that the vital factor is neither the initial term nor the final one—neither the button nor the bell, but the battery that connects them. Like Thurstone, Jastrow would substitute for the stimulus-response conception of behavior a conception that interprets the normal in the light of the abnormal. His object in the present paper is to indicate the immense significance of what he terms ''the neurological concept of behavior'' in its bearings upon educational and social problems.

Recognition of the fact that many behavior trends of the so-called normal mind are simply milder forms of clinical disorders of the neural mechanisms may well lead to radical changes in educational procedure. For example, such a common departure from normal behavior as the lack of emotional control evidenced in undue susceptibility to the anger response appears in a new light when viewed as a minor manifestation of the abnormal phenomena included under the term hysteria. Realization of the general and widespread liability to hysterical behavior is a clue to the understanding of many problems of human conduct. The great task of civilization, as Jastrow sees it, is ''to eliminate hysteria from the human race, to reduce it to controllable proportions, to sublimate it. Standards and cultural levels of behavior may be characterized by their freedom from hysteria. The test of normal maturity is freedom from hysteria.'' The implications of such a point of view for education and training are obviously far-reaching. So ''each one of the great liabilities, the trunk-line insanities, enriches the neurological concept of behavior. In no strained sense there may be recognized a paranoiac, a manic-depressive, an exuberant megalomaniac, a generally psychopathic temperament, presenting behavior patterns within the normal range, allied to the characteristic abnormal expressions that find their clue in the extreme issues.''

Another valuable aspect of the neurological concept of behavior is its application to the conduct problems of children—obstinate refusal of food and so forth. Here ''the right concept plainly has a bearing upon cure and treatment. The neurological treatment is ever one of diplomacy, going around the ends rather than pushing through the center. Nerves must be outwitted rather than fought, safeguarded from too harsh exposure. Thwarting, opposition, disregarding the decrees of nature, insisting that discipline and an arbitrary moralizing shall correct what to the adult is a bad habit, are all wrong from the neurologist's approach.''

The Freudian doctrines Jastrow sees as but one interpretation of the neurological concept of behavior. Freudianism ''has permeated all psychology'' and ''affected its entire attitude toward the deeper motives and mechanisms of the vital urges and their derivative expressions'', but he feels that the sound part of the system is that which can be brought into harmony with the general neurological view of behavior. He foresees that ''the future of Freudianism lies in its application to normal motives and their vital, instinctive-emotional responses, in the hold which it gives upon human traits and character analysis; in this application it affords but one clue to the composite neurological interpretation. . . . In brief, the neo-Freudian view will approach and be absorbed in the general neurological view of behavior and make its contributions within that field, not as a rival to it, but as a highly significant set of formulations. We shall have fewer distinctively Freudian books and more distinctively neurological ones.''

In conclusion, Jastrow points out that the view of behavior he has presented is in the modern air: ''The provision of special courts for juvenile offenders is a recognition that nerves play as large a part as morals in the stimulations to crime. Psychopathic terms appear in the daily press; kleptomania is no longer considered a high-brow euphemism for stealing. Church clinics to minister to souls in distress bring neurological and spiritual guides together in mutual aid. Social problems, from mob action to war-time prejudice and labor unrest, are in some sense a matter of nerves. The neurological key will be and should be made available to many uses, even at the risk of fumbling in the hands of the inexpert. It is abundantly recognized that human behavior cannot be too preciously safeguarded; that we need for the purpose all the aids that psychology can command. Intelligence quotients are not going to save individual minds or redeem the human race. If so disposed, we may point with pride to the achievements of intelligence in changing the face of the earth, though the latter is often more conspicuous than the constructions. The completing measure of human greatness lies in the control by that same intelligence of man's own inherent liabilities to unwise behavior. In that consummation a recognition of the neurological insight is destined to play an increasing part.''

THE PSYCHOLOGIST IN THE PSYCHOPATHIC HOSPITAL. By Winifred Richmond, Ph.D. *The Journal of Abnormal Psychology and Social Psychology,* 18:299-310, January-March, 1924.

Some of the problems that a psychologist in a psychopathic hospital is called upon to meet are discussed here and illustrated with case-history material secured by the author in the course of a two-year study of patients in St. Elizabeths Hospital. The object of the study was to determine how far present methods of testing mental abilities and disabilities, crude and vague as they are in many ways, can be utilized in such a hospital. The tests employed were calculated to display various mental functions, such as memory, apperception, associative ability, ability to judge and compare, to interpret pictured or verbal situations, to synthesize and generalize, and so forth. The most intensive work was done with the Stanford-Binet test, as being the best standardized and so affording the best opportunity for a comparison of individual reactions with norms or usual reactions. The Kent-Rosanoff association test was also extensively used and recently a series of Porteus-maze tests has been begun.

Two hundred cases in all were studied, and in every case but two it was possible to obtain the subject's coöperation. "Considerable tact and maneuvering were necessary, and often it was not possible to observe time limits and follow a strict laboratory procedure. But the problem was not to obtain a rating or mental age, but to discover how much of a given mental ability was present and what peculiarities of function it showed, as well as the reasons for the latter. To this end not only was it necessary to adapt the method of presentation to the case in hand, but account had to be taken of the qualities of attention and the tendency to distraction, whether endogenous or exogenous, the presence or absence of hallucinations or delusions, the rapidity of association, and the presence of disturbing complexes."

One of the first problems to be encountered was that of differentiating between original mental defect and the deteriorated state resulting from mental disease, a distinction of considerable importance in that it prevents useless expenditure of effort in the attempt to raise a subnormal patient to a level he never was capable of attaining. It was found that the psychological examination was of great assistance in determining this point. The mental picture of the defective patient differs from that of the patient who has formerly been of higher intelligence in that it is a fairly even one; all the various mental abilities of the former will be found to be functioning on practically the same plane—for example, the eight-year level—while the mental picture of the latter will show evidences of a former higher level.

Dr. Richmond found no cases in her material in which the influence of emotional factors upon the responses to an intelligence test resulted in a picture of mental defect. She offers the explanation that this may have been due to the fact that a sharp lookout was kept for such factors. ''Some of the test situations'', she states, ''are well calculated to display them; such are the free associations, the reading, and especially the report, all the vocabulary tests, the absurdities and fables, and the problems of fact. Again, there is considerable difference between the emotional attitude of a defective, however dull and stupid he may be, and the flattening of a praecox, the retardation of depression, or the blocking of a psychasthenic state.''

The psychological examination is of assistance, also, in detecting the individual who has recovered from a psychosis with a fairly normal emotional attitude, but who is suffering from a degree of intellectual deterioration that will in itself prevent his social adjustment at a level at all approximating his former level. ''More than once it has happened that the psychotherapist has spent much time upon a promising patient who has perhaps passed through a psychotic episode and is now clearing up. He is seemingly alert and in touch with his environment and his general appearance and manner would indicate that he is a good subject for psychotherapy. But no headway can be made; the patient recounts his difficulties and apparently accepts explanations, but gains no insight, and analysis goes round and round in a circle, getting nowhere.'' Psychological examination of such a patient frequently reveals that his intellectual abilities are functioning on so low a level that any real comprehension of his difficulties cannot be expected of him. ''This type of patient is also a source of much trouble to the out-patient department. One job after another is found for him; there are difficulties here, there, and everywhere. The social worker keeps on, blaming his failure upon the residuals of his psychosis, but how great those residuals are she often fails to realize.''

Another problem that the author has found of great interest has been the psychological differentiation of the psychopathic from the psychoneurotic patient. It is often very hard to distinguish between these two conditions, and the psychotherapist often spends much valuable time upon the psychopathic patient, who is a poor subject for his efforts. Dr. Richmond admits that her conclusions on this point are merely tentative and must be verified by a wider range of tests and a greater number of cases, but she feels that her material justifies her in offering the suggestion that while psychological examination reveals irregularity of ability in both the psychopathic and the psychoneurotic patient, the irregularity of the former will be found to consist of an underdevelopment or a complete lack of development of certain abilities or some particular ability, whereas in the case of the latter, it will be the irregularity of an ability within its own field, so to speak, indicating that the ability is present although functioning abnormally.

On the whole, Dr. Richmond feels that the psychologist, even though greatly handicapped by lack of instruments of precision in mental measurement, can be of considerable assistance in the psychopathic hospital, but that in order to give the best service, he must be a person trained in psychiatry and with actual experience in the various forms of mental disorders.

THE ORGANIZATION AND DEVELOPMENT OF MENTAL CLINICS FOR COMMUNITY CARE. By D. A. Thom, M.D. *Boston Medical and Surgical Journal,* 189:969-72, December 13, 1923.

Dr. Thom gives six main reasons why community care of mental cases has not kept pace with the advances in the institutional care of such cases, or with the development of preventive medicine in other fields:

1. The average man associates mental clinics with patients on parole from state hospitals.
2. These clinics are too often held in grand-jury rooms, council chambers, school committee rooms, and other public places in no way connected with medicine or medical programs.
3. The infrequency and irregularity with which the clinics have been held have lessened their value.
4. The clinics have been considered as secondary in importance to the institution for mental cases, so that if any curtailments have been necessary, they have been made at the expense of the clinics.
5. A frequent criticism of the clinics has been that they fail to make reports or make inadequate reports to the social agencies that refer cases to them.
6. The attitude of the medical profession is in general unfavorable toward any project that savors of state medicine.

These objections and criticisms must be met if mental clinics are to fulfill the purposes for which they were organized.

To do away with the idea that these clinics are for insane people, Dr. Thom suggests that they be classified as follows: (a) clinics for children of the pre-school age; (b) clinics for children of school age; (c) clinics for nervous and mental disorders; and (d) clinics for the ex-hospital patient.

So far as possible every mental clinic should be associated with the general hospital in its community. This will be to the advantage of both; the general hospital will be able to avail itself of the services of the psychiatrist in charge of the clinic, while the clinic can call in for consultation the specialists in other lines connected with the hospital. Moreover, such an association of the mental clinic and the general hospital offers an opportunity for getting over an important piece of educational work, by demonstrating the practical application of psychiatric technique to general medical and surgical problems.

It is essential that a clinic whose function is therapeutic should be held at least once a week.

The problem of mental disorders can best be approached in its relation to other social problems more familiar to the public mind, such as delinquency, dependency, industrial inefficiency, and the like. For this reason, close contact with the social agencies that are dealing with these problems is most advantageous to the mental clinic. The primary interest of such agencies is not in diagnosis, but in the plan of treatment to be followed in each individual case. The reports of the clinic should, therefore, outline the treatment in detail. "If there are several courses which might be considered, each should be presented with its advantages and disadvantages, and the chances of success or failure attached to each. Such a report will be of real value to the parent, physician, or agency referring the case."

In any plan for the community care of mental disorders, the clinics for the child of pre-school age are of the greatest importance. There is no doubt that there is a very definite relation between the formation of desirable habits in childhood and the development of an adequate personality. While it cannot be asserted positively that the organization of such clinics will affect in any way the mental breakdowns of adult life, the benefits derived by the children and by their parents are sufficient justification for these clinics, constituting practical demonstrations of mental hygiene that should be encouraged. As these clinics, however, need a rather specialized personnel, it is probable that for some time they will be confined to the large cities, where a sufficient number of cases can be seen at each clinic to keep the cost from being prohibitive.

A system of school clinics, such as that now in operation in Massachusetts, under which all school children three or more years retarded are given a mental examination, is an essential part of any program of preventive medicine in the field of mental disease. The function of these school clinics is, however, largely diagnostic. The work is so extensive and the personnel so limited that there is little opportunity for therapeutic care of the problem cases. It is here that the general-hospital clinic for early cases of nervous and mental disorders can supplement the work of the school clinics.

Dr. Thom feels that clinics for incipient cases of mental disease are of such importance that provision should be made to enable them to function efficiently even at the expense of the institution. He finds a glaring absurdity in the operation of most out-patient clinics, both in general and mental hospitals. "All too frequently the man best qualified by training and experience is devoting his time to the house cases, which are invariably well marked and advanced, while the cases presenting themselves at the out-patient clinics, where the disease is seen early and at its incipient stage, where frequently signs and symptoms are much more vague and intangible, and where conclusions have to be drawn and diagnoses have to be made on hurried examination and insufficient history, are met by the physician of limited experience . . . "

The value of the clinic for the hospital patient on visit and for the ex-hospital patient has been recognized for some years. In connection with well-organized social-work departments, these clinics have made it possible for many patients to return to life in the community much earlier than would have been the case had no such after-care been provided. Dr. Thom does not believe that it is particularly important that these after-care clinics should be attached to a general hospital or that they should be held oftener than once a month. The factors essential to their success are an efficient social-work department and the interest and coöperation that it can stimulate in the community in behalf of the patient.

FACTORS IN THE MENTAL HEALTH OF BOYS OF FOREIGN PARENTAGE. By Mary C. Jarrett. *Public Health Reports,* 39:862-83, April 25, 1924.

This is the second report on a series of studies of immigrants that the United States Public Health Service is conducting as a phase of its field investigations of mental health.[1] The material of the present study consisted of the records of 240 boys of foreign parentage who received advice or help from the Boston Children's Aid Association during the period 1916-23, and the object of the study was to ascertain what mental factors, if any, peculiar to immigrants entered into the problems of these boys. As in the case of the study of girls, it was found that no conclusions on this point could be drawn from the facts presented in the records. From the data given, little could be gathered as to the causes that underlay the conditions and situations reported—causes that must be sought in the mental attitudes and personal characteristics of the individuals concerned and their influence upon one another. Whether among such causes are to be found mental factors peculiar to immigrants, resulting from the difficulties of adapting to a new environment, can be determined only by a more fundamental investigation of the social problems of immigrants than has yet been made.

---

[1] An abstract of the first report—*Factors in the Mental Health of Girls of Foreign Parentage,* by Mary C. Jarrett—was published in the last number of MENTAL HYGIENE, Vol. VIII, pp. 571–75, April, 1924.

A third report, soon to be published, will give practical suggestions as to more complete study of these problems by social agencies.

BOOK REVIEWS

THE RE-CREATING OF THE INDIVIDUAL; A STUDY OF PSYCHOLOGICAL TYPES AND THEIR RELATION TO PSYCHOANALYSIS. By Beatrice M. Hinkle, M.D. New York: Harcourt, Brace, and Company, 1923. 465 p.

The contribution made by Freud to psychology, after having created a great deal of emotional turmoil among the laity as well as among the professional workers in his field, begins to be seen in more correct perspective. Some of his major formulations have already been assimilated and are now taken for granted. Some of his conclusions are still being scrutinized as of dubious validity. Not a few of his assertions are rejected as being arbitrary interpretations, contrary to the weight of the evidence. The main source of the resistance to the teachings of Freud was the disinclination to attribute to sexuality the all-pervasive rôle insisted on by Freud, and few, except his immediate school, will deny that he has used the term sexuality with an application so wide as to deprive the term of any accurate significance.

In addition to this basis for criticism, there is the other and more fundamental objection that his method has consisted in offering, by way of complete and adequate explanation, a reduction of the more mature and complex to expression in terms of the simpler and the more elementary. It has been obscurely felt by many that in this reductive analysis, in this expression of the higher in terms of the lower, in this formulation of all the more complex human activities in terms of very primitive strivings after crude pleasures, Freud was not only sometimes making daring and unwarranted interpretations, but was explaining away as well as helping to explain. This feeling of protest against the temptation to explain away instead of to explain is to be found also in the Romanes lecture of Huxley, in which he emphasized the presence of the ethical process side by side with the cosmic process, and felt himself forced to accept a dualistic interpretation of the universe.

The psychology of Freud tends to favor a monistic formulation of human experience, the fundamental process underlying which is the evolution of the libido, and the libido, although at times identified with the life principle in general, at other times is liable to be defined in purely sexual terms. It is no wonder, therefore, that the inadequacy of reductive analysis should, in the special field of psychology, as well as in the wider scientific field, have called forth a protest. Jung especially has voiced this protest and in his recent works, while tracing human behavior back to infantile roots and primitive or archaic forces, he emphasizes more and more the fact that these forces have to be interpreted in a wider sense, because they are pregnant with the development of the future and have latent in them potentialities which are only slowly being revealed. The dream, which derives much of its material from the experiences of the individual, is for Jung the partial unveiling of the destiny of the individual, a foreshadowing of later stages of his evolution. Individuals differ not only according to their psycho-sexual constitution, but in many other ways, and the health and happiness of the individual depends upon the relationship between his own special type of endowment and the degree to which that special endowment has managed to find free opportunity for development under the special conditions of the individual life. It is not sufficient to trace the adult psychology of the individual to infantile sources, or even to archaic sources in the history of human culture; to understand the psychology of the human adult one must also see what forces are latent, striving to express themselves and to win a further measure of development.

In Dr. Hinkle's work on the re-creating of the individual, we find throughout evidence of the profound influence of these views of Jung worked over in the light of the personal experience of the author. It is obvious that, with such a wide field to cover, the documentation of the statements made can rarely be supplied, and the reader without some preliminary clinical experience may feel hopelessly at a loss for any criterion of the validity of the statements. Statements made with regard to the subtle forces that compose a total personality are not easy to control, and are liable to be made in language that is difficult of exact interpretation. The behaviorist is happy in being able to refer to phenomena that can be repeated and observed by others. The psychologist, who is discussing the destiny of the individual and the subtle way in which the mind works out this individual destiny beneath the threshold of consciousness, is working in a field where accurate control is impossible and where mutual understanding is often difficult. There is a danger that instead of clear, scientific language, statements may be made that are more in keeping with an expression of poetical or philosophical opinion. One has such an impression, for instance, when one reads in Dr. Hinkle's book (page 4) that man is but "a crippled animal", cheated of "the inner harmony and peace of the animal creature". The impression becomes deeper as one goes through the book.

In the first two chapters we have a general review of the evolution of psychoanalysis, with its main tendencies and a discussion of Freud's presentation of the psychology of the child. The following chapters deal with the unconscious and with the interpretation of dreams and fantasies. In the second part of the book Dr. Hinkle takes her stand with regard to the problem of psychological types, and although following in outline the general schema of Jung, she modifies his classification and discusses her reasons for not accepting in full his formulations.

To discuss this chapter in detail would involve a preliminary review of Jung's formulation of psychological types, which in itself would be a considerable undertaking. One may say that the analysis of the personality, according to the outline of Jung or the modification by Dr. Hinkle, gives one a much deeper and more subtle insight into the problems of the individual and into his difficulties than the more familiar analyses according to the descriptive schemata of other authors. The fact that Jung himself has somewhat varied his classification, and that Dr. Hinkle presents a further variation of this classification, indicates how far such a classification is bound to be individual and to a certain extent arbitrary. One should not, therefore, accept the classification as by any means final, while deriving suggestion and stimulus from it.

The chapters in the book that are of most interest are the two that deal with the difference between masculine and feminine psychology and the chapter that deals with the psychology of the artist.

Dr. Hinkle traces the social position of woman throughout the ages and shows how, throughout the history of mankind, woman has been almost altogether absorbed by her maternal rôle. There has been little recognition of her right to the development of a personality with aims and interests outside of this fundamental function of continuing the species. The author maintains that woman, owing to a biological function totally different from that of man, has a very specific set of psychological problems, and she makes valid criticisms of Freud's rather astounding failure to differentiate between the girl child and the boy child. While for woman motherhood was the only outlet of creative energy, man came to utilize sexuality in the service of pleasure, irrespective of the reproductive function, and in him sexual function left plenty of room for other activity. Owing to his inferior position with regard to the creative act, he had a feeling of inferiority which he has projected on to woman. He has, therefore, developed a dual attitude toward woman—on the one hand he has paid homage to the mother, as representing the creative forces of nature, and on the other hand he has treated woman as an inferior, an instrument of his pleasure. Thus woman has tended to be a purely creative creature, used by life for its purpose. Woman, owing to the historical domination by man, has developed a tendency to dissemble and to deceive and to utilize her sexual attraction for power.

The rôle played by woman in different phases of culture is sketched in suggestive outline by the author, who emphasizes very strongly the modern awakening in woman of a greater self-consciousness, with a feeling of her own individuality.

The key to the neuroses of many women is to be found in a conflict between this individuality claiming expression and the conflicting influence of the more primitive biological forces. The author outlines a case and gives an interpretation in keeping with these views, which has the ingenuity of the usual psychoanalytic interpretation without being very convincing.

Chapter VII deals with the psychology of the artist and the significance of artistic creation. The reader may find here much that is stimulating, while he may feel it very difficult to give a definite meaning to the elusive and seductive formulations in which it abounds. The author gives what is her impressionistic reaction to the psychological phenomena of artistic creation. Consciousness becomes as complicated as the atom, and we find it inhabited by various entities. "It is as though man possessed a subjective entity, having no objective existence, a representation complex, which, for the purpose of objectification, I call the *puer æternus.* This is the entity which Goethe called his dæmon. It is the complementary figure to the feminine element called the soul." (Page 344.)

In the male there is the possibility of transference of *libido sexualis* from the physical to the psychical realm. "Here the artist reveals its transformation into a subjective phenomenon, where a *psychic coitus occurs, having for its constant aim not plesure, but purpose.*" (Page 346.)

" In every case, however, the production of an art work is preceded by what can be called a *psychic coitus between the puer æternus and the soul* within himself and when, through some psychic interference or weakness, this does not take place, no art child will be produced." (Page 349.)

On the whole the book is stimulating and instructive, but has to be read with discretion. By some it may be rejected altogether as presenting a somewhat fantastic interpretation of human behavior and human thought. To many it may be at the same time bewildering and mildly intoxicating. It may be suggested that perhaps the lady doth explain too much, and goes beyond the sober limits of careful observation and sound interpretation, letting her fancy and personal impressions to a certain extent direct her thought. One should not expect from an author, however, more than the author professes to give, and this author would be the last person to claim absolute validity for her views or for the views of any psychology. Her book presents the psychological truth as she sees and feels it, and is a notable contribution to recent psychological literature.

C. Macfie Campbell.

Boston Psychopathic Hospital.

Personality in the Making. By John Herschel Coffin, Ph.D. Boston: Houghton Mifflin Company, 1923. 314 p.

Coffin has undertaken an extraordinarily difficult task. His *Personality in the Making* is nothing less than an attempt to solve the exceedingly complex riddle of personality. In the introductory chapter, the ground is cleared and the approach indicated by a logical survey of the problem. Furthermore, the author realizes that the premises are necessarily conditioned by his own preconceptions, which may be summarized as his philosophy of life. In this instance, the intellectual-emotional edifice, from which Coffin gets his perspective, has been erected on four foundation stones which may be briefly described as follows: First, personality is the biggest factor in the universe; second, personality is fundamentally spiritual in nature, a psycho-social-spiritual organism, a teleological conception in that it is thought of as moving in the direction of a previsioned end and is purposive rather than mechanistic in its aspect; third, evolution is a necessary premise in the study of personality, and, far from being opposed to religion, it is the process by which the teleological system is being realized and the method that makes mechanism available in the teleological order; fourth, to appreciate personality, it must be recognized that the times are out of joint—dislocated industrially, socially, and politically—and, if they are to be reclaimed, personality and personal values must be substituted for any and all other ends in our industrial, social, and political processes.

Practically no help in the understanding of personality is to be obtained from general psychology, since it has limited itself to the study of a single element—namely, experience. In a modern textbook on psychology one may search in vain for the word "soul", even though psychology originally meant "the science of the soul". The contributions of various disciplines to an evaluation of personality are reviewed. To the biologist, it is a highly complex self-maintaining organism; to the physiologist, a mechanism that responds to stimuli. The psychological point of view should recognize in organic life four levels—vital, mental, conscious, and self-conscious; and it is only on this latter plane, which includes the other three, that personality becomes a possibility. The chief function of self-conscious mentality may be apprehended by weighing the three great services that mind renders to organism—namely, interpretation, appreciation, and organization. According to the concepts of general psychology, they are based respectively on sensation, affection, and reaction. Interpretation is the capacity to read meaning into sensory material and discover significant relationships. Appreciation is the recognition of value and the quest for it. Organization transforms appreciation and interpretation into effective energy. The sociologist regards personality as a partaking unit of a large social whole, individual, but still corporate—in the sense, for instance, of a single instrument in a complete orchestra. Finally, ethics interprets personality as a deliberate moral agent.

The most important aspects of personality are the historical life, the socializing process, and the psycho-social development. From the historical angle, we must first somewhat delimit our problem by seeking to understand why an animal does not possess personality. In the first place, there is an absence of conscious causal relation between responses to environmental stimuli; the sequence is fortuitous and action is never dependent on planning. Acts that seem to relate to the future—storing food and so forth—are often, as James taught, all instinctive and not conscious. If animals have memory, it is concrete, closely tied to sensory experiences, and they are incapable of free ideas. Furthermore, they cannot localize events in the past, and, finally, if a logically constructed past is impossible for the animal, then there cannot be any prevision or psychological future. Therefore, the historical life illustrates the chief difference between man and animals, in that for the former it is distinctly more than a succession of ''now's'' and is in effect the intelligent shaping of the past into a system of ends or a policy of life that might be termed the future. It might be defined as ''the complete organization of all ideas, concepts, desires, ideals, impulses, and volitions about a central system of ends in the interest of complete self-realization''.

How is interpretation developed? Usually the self-conscious level begins at about the third year, and this may also be marked as the starting point of personality growth. It is naturally a slow growth. A gradually accumulated stock of sensory experiences and responses are combined and organized and come to have meaning, purpose, and function. There are two laws which are operative—first, the law of assimilation, which is the natural reaction between mental curiosity and an environment filled with unknown and unclassified objects; and, second, development through organization, which concerns itself with the successive stages of mental differentiation, or discrimination and integration, and is fulfilled only in homo sapiens. The chief process of interpretation is thinking, which involves setting the elements of experience into relation with one another according to certain principles and laws. Thinking may be explanatory—as, for instance, in physics or biology, which are concerned with explaining what *is,* and why—or it may be teleological, as in logic or ethics, which are devoted to a consideration of what *ought to be.* In the foundation of personality, the former kind of thinking is of great value, but the latter kind is of immense importance. The results of interpretation are *knowledge*—which is the result of explanatory thinking, consisting of the orderly and systematic arrangement of the contents of consciousness, and constitutes ''the vertebral column of the historical life''—and *attitudes* and *points of view,* which are built up from teleological thought. Attitudes originate from (a) native dispositions or temperaments; (b) imitation and suggestion, whose peaks are reached in early childhood and in adolescence; (c) teleological thought or a reconstruction of self in the direction of usefulness and helpfulness. General attitudes may be broadly divided into intellectual, social, emotional, moral, motor, religious. Attitudes and points of view determine the selection of the facts and principles that shall be activating in the philosophy of life and the rejection of those that shall be regarded as insignificant.

The author next considers the development of appreciation and its influence on making personality. Here it gets its feeling quality, without which it would be lifeless and totally ineffective. The development of personality demands ''that side by side with intellectual growth and control shall go a corresponding organization of the feeling life. The individual must come, through conscious direction, to a proper evaluation and appreciation of his world in order that his thought and action may have the proper motive force, if he would be an efficient and socially constructive personality''. In childhood the emotions help in the acquirement of self-consciousness; they give direction to attention, and they motivate human behavior. Sentiments, likewise, further the personalization process. They are acquired feeling-reactions to the higher phases of the social environment and may be intellectual, æsthetic, moral, or religious. Appreciation may be briefly defined as ''sentiment at work'', and it ''consists in the ability and the disposition to attend to and to choose those values of life which are of greatest ultimate significance to the psychophysical organism we call personality''.

In Chapter VI, Coffin discusses the organization of conduct. Man, in common with all animal life, has the tendency to react toward pleasant and away from unpleasant things or stimuli. At the reflex level, this tendency is instinctive and without reference to the future, but on a higher plane, which is peculiar to man, there is the ability "to resist the tendency to react for the sake of immediate pleasure or to avoid a present unpleasant stimulus, and to choose an act which, while not immediately pleasant, will insure a greater good for the future". Animals never evaluate. The problem of organization is to construct from all tendencies, instinctive and impulsive, a consistent system of behavior. Naturally inhibition is required, and many non-rational impulses must be suppressed if development of personality is ever to vision its goal. Finally, it must be remembered in this connection not only that action is the result of thought, but that the reverse is also true, so that modes of thinking may be determined by habitual actions; in the words of the author, "an act commits one to one kind of policy or other and this determines the nature of his historical life". Habit and volition are types of actions that furnish means for the proper organization of conduct. The first is simple and unconscious; the second is highly complex and "acutely conscious"; both function as inhibitors and transformers of instinct and impulse. Habits economize time and energy and represent stored-up momentum, which carries us safely through periods of unusual mental, moral, or social stress. Volition calls into play the whole technique of thinking. In the reviewer's opinion it is not improbable that emotional values are more powerful as volitional determinants than the author is inclined to believe. Finally, *intelligent volition organizes conduct.* In the words of Betts, "volition is the machinery which makes available the power of appreciation and the guidance of reason"; it is, therefore, the "chief artificer of human personality". Finally, personality may be defined as "an historical life energizing toward a system of end values".

Part II is devoted to a consideration of the socializing process. In this sense, personality is a physio-psycho-social organism. The thesis attempts to answer in the affirmative the question, Has the mind a social origin? The first premise is that self-consciousness is also social consciousness; the second is found in the confirmation of the desert-island hypothesis—that is, that if a child were left alone on a desert island, language would not develop, he would remain at a sensory level, he would not be able to perform more than rudimentary thought processes, would be little above the animal in mentality—in short, personality would be wanting; the third rests on the proposition that "the interpretative experiences of each person have their origin in large measure in the social life in which the individual is bathed"; all values, whether they be intellectual, social, moral, religious, or technical, have a social genesis and all standards of appreciation have a social history; "the action-life of every person contributes its testimony to the fact that self-consciousness is social in origin". It is likewise true that the amount of personality attainable by an individual is dependent upon the degree of social organization. Naturally, the more complex the social life, the higher the personality potential for each separate unit or member. Socialization implies more than mere conformity to forms and institutions; it is, in fact, "the conscious and willing coördination by the person of his interests with those of the group", or to put it in other words, "to become socialized means to discriminate the personal self as an organic part of society, conscious that it lives, makes its responses, and maintains its identity in the social atmosphere. Personality is this selfhood in its whole social setting, as it assumes conscious relations to social forms and institutions." The chief modes or instruments of socialization are language, suggestibility, imitation, and play. The author has now advanced his hypothesis to the point of having proven that personality is a psycho-social organism.

Chapter VIII analyzes the constituents of the social soil. It is made up of the past and present achievements of the race in the directions of interpretation, appreciation, and organization, or the results of knowing, feeling, and willing. In addition, there are several forms of group-mindedness—tradition, custom, convention, public opinion, crowd, mob, organization, and campaign. To a large extent, the first three are fixed and rigid; the remainder are strictly a part of the present and are temporary and malleable. Traditions are ready-made judgments handed down from the past. They are non-rational, but, nevertheless, have immense socializing value. While tradition represents belief, custom is a mode of behavior bequeathed by the past. It serves as an economizer, since it lays down adequate responses for familiar and unessential situations, and it reduces social friction. Conventionality is the imitation, not, like custom, of ancestors, but of contemporaries. It leads to diversified uniformity and makes social intercourse easier. Public opinion is not unanimity of opinion, or even average opinion, but it is "unity incident to organization". It shapes the mind and helps to make social pressure. It is a highly rationalized process. On the other hand, crowd feeding is emotional and irrational. It involves a temporary loss of personality. A mob is a crowd in concerted action. It is destructive of personality. Organizations are the highest and most complex types of group-mindedness. If an organization is to exert a beneficial effect on personality, it must in some measure have the following characteristics: its purpose must be good; it must be democratic; it must encourage freedom of opinion, initiative, and other social contacts. Campaigns are temporary organizations with a particular objective. They are valuable in so far as they meet a genuine social need. These are the elements that go to make up the social soil in which personality must take root and from which it must grow.

The problem of Chapter IX is: What is the psycho-social effect upon the individual of the institutional modes of social organization and of community life? A well-defined organized group, having its own particular structure and technique of operation, is an institution. Outstanding examples in our present-day civilization are the home, the school, the vocation, the state, and the church. They are chronologically simultaneous in evolution with the appearance of the highest or self-conscious mental strata. The individual must in some sense react to and assimilate these institutions, in order to be properly personalized. The family or home is the social unit. It is the sole environment of the individual during the stage of plasticity or childhood. Furthermore, since the home is a unit, it is the miniature of society at large and is the training ground of the child for social intercourse. The school is intended to meet the needs in the socializing process that cannot be adequately supplied in the home. The vocation socially divides labor. The state safeguards and guarantees the validity of institutions, and by law insures justice and equality of opportunity. In short, it attempts to personalize each member by socializing all the others. The church goes one step beyond the state and teaches ethical and spiritual ends. Secondary institutions are museums, libraries, art galleries, the daily and periodical press, concert and lecture courses, and the theater. All these forces and institutions together constitute the community.

Chapter X treats of education. Its task is to substitute the more remote ends of empirical self and the ideal ends of personal self for the immediate ends of present self. Empirical self may be defined as the self of future material desires; personal self is the conception of *what ought to be* in the light of the larger social good. There are no objective personality standards with which to measure complete education, but it should at least contain a proper meed of imagination, good judgment, taste, tact, sympathy, ideals, purpose, tolerance, open-mindedness, reverence, direction, and sociableness. Q.E.D. may be written after the education that provides for the expression of an adequate philosophy of life. To be complete, education must be spiritual. Enlightened faith should be its motif.

The school should bring appreciation to full fruition by teaching value situations. It will be successful in so far as it develops teleological thinking and, again, in so far as the school life reproduces community life. Under vocation may be discerned six major divisions of labor—industry, business, technological pursuits, scientific pursuits, professional service, and artistic pursuits. These six have innumerable subdivisions. Vocation or labor has both a personalizing and a socializing influence on the individual and, without it, no one can attain to personal and social maturity. In doing any particular piece of work, it is necessary for the worker not only to know the *what* and *how,* but he must be able to take some cognizance of the *why,* if the work is to contribute to his personal development. Modern labor, with its tendency to infinite specialization, has introduced a discordant note, since it has created a vast number of purely mechanical jobs, such as cutting threads on three-eighths-inch bolts, eight hours a day, day after day and month after month. In other words, work should have an appreciation value. If the vocation is the coin in which an individual pays his debt to society, then avocation may be regarded as those activities or interests to which an individual devotes his leisure hours. Avocation may be a powerful personality-making instrument, if it is creative.

The final chapter discourses on morality. This defines the end that ethically ought to be pursued. A moral situation is one that has right and wrong aspects, either of which may be deliberately selected and translated into volition. Freedom of action is implied. Every moral situation is a social as well as a personal situation, and conscience is the agent that judges, appreciates, and finally stimulates action. It may be defined as "the whole self-conscious personality as it functions in a moral situation". From this understanding comes the realization that a socialized conscience is the "consciousness of a person who has *already coördinated his interests with those of society, adjusting himself to a moral situation*". The author is at the apex of his teleological thinking when he writes: Soul=Self-Conscious Personality, and when he depicts Christ as the Perfect Person.

The two questions that this book strives to answer are, What is the content of the term personality? and What is implicit in the statement that a man must possess personality who aspires to an eminent position in state, church, or industry? The answer is best given in the author's own words: "No mere phrenological or chiromantical description is of any value; it is not sufficient to enumerate the physical characteristics or to catalogue the superficial traits of behavior. Deep into his thought-life we must go to discover whether or not he is a problem-solver; to his inmost heart of appreciation, to see what he values; into his dynamo room, to see how much power and initiative he can generate. On the outside we must discover whether he is rooted in the rich soil of the social inheritance, and whether the windows of his mind are open to the thought, the appreciation, the will of the people that make up the world in which he lives, moves, and has his being. We must find whether he has drunk in the spirit of the institutions which stand close to him; whether or not he possesses the essence of spiritual insight and power which are the product of real education. We must look to see whether or not he manifests that fine sensitivity to the welfare of others and that susceptibility to the invitations of his own conscience to become his ideal self which mark the moralized person.

"As the final test of personality, we must ascertain, first, the degree of efficiency with which he administers his own interests; whether he has learned to work and to utilize the fruits of his labor for his own personal upbuilding; second, whether he has dedicated his efficiency to the service of society and pays in the coin of his labor for the nurture he has received at its hands. Whether he has come out on that high plateau of vision from which he can see something of the meaning of the world-order, and whether his own system of plans telescopes with the larger system of society and the divine order.

"If he measures up to these searching tests, a man has fulfilled the conditions of personality. He has earned the respect, admiration, and honor of the community, in token of which society bestows upon him its best emoluments in money, friends, and position. But in addition to this recognition by society, he has earned that high self-respect and contentment which are the subjective symbols of true happiness."

The reviewer does not feel called upon to add any critical comment. There is so much that is worth while in this work that one does not feel justified in pointing out a few minor faults. There are those too practical souls who will feel that the author has glimpsed an impractical vision, but many will be glad to share his vision and will at least be willing to believe that it is not impossible of realization.

Pennsylvania Hospital. EDWARD A. STECKER.

TRAITÉ DE PSYCHOLOGIE. By Georges Dumas and others. Tome I. Paris: Felix Alcan, 1923. 964 p.

This weighty volume of nearly one thousand pages is to be followed by at least one other volume. It is evident that the editor, Georges

Dumas, professor of experimental psychology at the Sorbonne, and his many collaborators are engaged, not upon a text, but upon a veritable encyclopedia of psychological knowledge. This volume is dedicated to the memory of Ribot and contains a preface written by him in 1914. A brief statement of the contributions of each of the collaborators follows, without attempt at criticism.

The introduction, covering the methods and objects of psychology, is contributed by A. Lalande, professor of logic and methodology of the sciences at the Sorbonne. He takes up such problems as the domain of psychology and its methods, such as the introspective, the physiological, the comparative, and the psycho-physical.

Book I deals with conceptions preliminary to the study of psychology. Rabaud, professor of experimental biology at the Sorbonne, traces the evolution of man. Lapicque, professor of physiology at the Sorbonne, takes up the relation of the weight of the brain to growth in intelligence. Langlois, also a professor of physiology, treats the nervous system, the constitution of the neurone and its functions, nerve fiber, reflex action, cerebral activity, and sleep. Tournay, lecturer on comparative histology at the College de France, continues the study of Langlois, concluding with a study of cerebral localizations. Wallon, of the Institut de Psychologie, gives a brief exposition of the biological problem of consciousness, taking up spiritualism, materialism, the unconscious, mental activity and the nervous system, and mental activity and consciousness.

Book II is more definitely psychological, taking up the elements of mental life. Bourdon, of the University of Rennes, devotes about a hundred pages to the study of the senses of touch, hearing, space, sight, taste, odor, the intensity of sensation and Weber's law, the affective tone of sensation, and the philosophy of sensation. Dumas and Piéron, director of the laboratory of physiological psychology at the Sorbonne, present a long discussion on the irritability of the neurone, the coördination of reflexes, inhibitions, conditioned reflexes, voluntary and involuntary movements, contraction of the striated muscles, and muscular fatigue. Barat and Dugas collaborate on a study of the affective states, pleasure and pain, pleasantness and unpleasantness, the psychology of needs, need and desire, emotions (sorrow, joy, fear, anger), emotion and instinct, characteristics of passion, passion and reason, classification and genealogy of passions. A short chapter by Barat, revised by I. Meyerson, assistant in experimental psychology at the Sorbonne, takes up the discussion of images, the image and thought, psychological automatism, imageless thought and the school of Wurzberg, the mental attitude and Binet, the static conception of image and of sensation, differences between image and sensation, physiological conception of the image, various classes of images. A concluding chapter on the influence of internal secretions on perceptions, sensations, images, and affective states is contributed by Mayer, professor at the College de France.

Book III is largely the work of the editor, Georges Dumas, with the exception of a chapter on language by Barat. Claparède collaborates with Dumas in the discussion of orientation and balance. Dumas follows this with a chapter on the emotions, psychological, physiological, and physical principles, shock, excitation and depression, mechanical and social conditions of the expression of emotions, theories of emotions, including those of Lange and of James, the ''intellectual'' theory, and the physiological. In a short chapter he takes up laughter and tears, the mechanism of each, the laughter of joy, of humor, moral and intellectual theories of laughter, Bergson's theory, the language of laughter and the language of tears.

Book IV opens with a consideration by Piéron of habit and memory, the field of memory, forms of memory, laws of memory, the physiological problem of memory. Dagnan and Dumas contribute a brief discussion of the association of ideas. Attention is a subject treated at greater length by Revault d'Allones—attention as choice, influence of interest on attention, various forms of attention, distinction between attention and effort. Pierre Janet presents his well-known theory of psychological tension and oscillations, including the influence of age, depression, excitation, and the applications of his theory to sleep, fatigue, the emotions, and the neuroses.

It is impossible to mention in detail the contributions to psychological thought contained in this large and important volume. Janet, in conversation, has mentioned it as the most noteworthy undertaking of the time in psychology. The long and very excellent bibliographies attached to each chapter are an additional feature of value. Of particular interest to the reviewer were the chapters on the affective states, the expression of emotions, language, habit and memory, attention, and psychological tension, by Barat and Dugas, Dumas, Barat, Piéron, Revault d'Allones, and Pierre Janet respectively. The volume is the notable contribution of French psychology. While there are some conceptions of both a philosophical and an experimental nature which American psychology would disown, the major portion of the contributions are in line with the research of this country, England, and Germany, and the volume is an inestimable addition to psychological generalizations.

DOUGLAS FRYER.

University of Utah.

INTRODUCTION À LA PSYCHOLOGIE, L'INSTINCT, ET L'EMOTION. By J. Larguier des Bancels. Paris: Payot, 1921. 285 p.

This book is an unusually sound and balanced presentation, and it will be found more in harmony with American scientific thought than is true of many recent French psychological contributions. The author's method is scholarly and comparative. In his consideration of mind and body, he starts with the early Greek philosophers and the physiology of Aristotle; he touches lightly upon the discoveries of Gallien regarding the nerve paths and the relation of cerebral convolutions to mental activity; then upon the attempt of Descartes to study the mind separately, the body separately, and finally the two united to form the personality. Gall's theory that every faculty corresponds to a distinct cerebral organ, and the rise and fall of phrenology, are outlined. Considerable space is devoted to Flourens' early operations upon animals, the effect of removing parts of the brain convincing him that they were *"le receptacle unique des sensations, des instincts, de l'intelligence"*.

The relation of consciousness and of mental activity to the brain is treated briefly, illustrations being drawn from pathology, particularly from the researches of Déjerine. Parallelism is accepted as justified by the advantages it offers. Under theories of memory, the writer again takes his way back to the ancient Greeks, working down to Bergson finally and showing the conflict between his view of the independence of memory and Descartes' contention that memory is a function of the organism.

The two chapters that make up the latter half of the book contain the most interesting material. Instinct is treated as a definite, standardized term. It is an impulsion, adapted to the interests of the individual or of the species. It is specific, uniform, without being necessarily invariable from individual to individual, and is not learned, but hereditary. It is not always stable, may be transitory, is only fixed and established if allowed to function usefully. The origin of the instinct, as of the reflex, escapes the investigator. The views of Lamarck and his followers—that instinct is a degraded intelligence, or that it is a habit developed by individuals, learned by imitation, and passed on to the next generation—are denied and contrasted with Darwin's fortuitous variations, the desirable ones of which permit the individual to survive. However, the Darwinian explanation itself is held to be by no means completely satisfactory.

Instinct and reason are not antagonistic. Reason has no meaning in the absence of instinct, which alone is motor. The instinctive basis of sentiments is recognized, but it is held that sentiments are immensely complicated. The word love has no explicit meaning, but must be defined as love of woman, of child, of parent, of country, all of which show certain instinctive features. Any list of instincts is artificial, inasmuch as the natural genetic list cannot be discovered. The writer considers specifically the instinct of food-getting, of defense, of curiosity, the sex instinct, the parental instinct (these two considered together in relation to altruism), the social instincts, the egoistic instincts, the instinct of play. Bancels admits that his list is merely provisional, but he is opposed to the attempt to restrict all human tendencies to one instinct, as is done by the Freudians.

The writer makes telling attack upon McDougall's theory of instincts and emotions. He follows this by a keen and detailed analysis of James' concept of the emotions. He shows how this has been misinterpreted by many psychologists, points out the bond between the theory of Descartes and of Lange, and shows how James differs from either. An emotion is the consciousness of bodily sensations produced by the appropriate stimulus; suppress the sensations and there is no emotion. He holds that James' theory is a strictly psychological one, not a physiological, that it was developed directly out of introspection, and he refutes many of the criticisms that have been advanced against the theory.

The book closes with a penetrating consideration of pleasure and pain. The popular theory that pleasure and pain are drives, or directive agents of action, is declared to have been time and again overthrown, the only drive being our instincts. Pleasure and pain are considered along with happiness and sadness, the writer doing much to clarify their relationship and their distinctive features.

The point of view of the book is functional. Without being dogmatic, the writer firmly establishes his position, his review of the theories from many schools and races serving to help the reader to orient himself and to select those views that appear to him most authoritative.

Lorine Pruette.

University of Utah.

Social Psychology. By Floyd H. Allport. Boston: Houghton Mifflin Company, 1924. 453 p.

No line of investigation has more value for the sociologist than that designated by the term "social psychology". It is fortunate that of late so many excellent books have been written from the social viewpoint by psychologists. Allport's book attempts to bring together the results of the present findings of social psychology. The rapidity with which this science has traveled is strikingly revealed by a comparison of this book with the social psychologies of a decade ago. The earlier writers philosophized regarding a miscellaneous mass of material which was drawn from all possible sources and catalogued as social behavior under conventional descriptive captions.

If the difficulty used to be lack of material, our present problem is to find the main path through a territory cut with innumerable dividing trails. The field of social psychology is at present vital to the point of confusion. It is easy to be partisan by committing oneself to one of the various schools of psychology. Nothing at present is more difficult to write than a social psychology thoroughly modern and at the same time justly discriminating.

Most readers of Allport's *Social Psychology* will agree that the author has succeeded wonderfully well in the difficult task he has chosen. The book is based upon the behavior viewpoint and the experimental method. It also draws from a third source, the Freudian psychology. Social behavior is simply the activities of the individual that have to do with his social interests. It is at bottom the same attempt of the individual to attain biological adjustment to his environment which appears in his purely individualistic behavior.

The book is written primarily for textbook use, and unquestionably will be exceedingly popular, since it is substantial and the material it contains sane in its presentation and unusually suggestive. There are some minor faults. For example, since a course on social psychology is always preceded by an introductory course, the second chapter, on the physical basis of human behavior, will be found to be a repetition and the first contact of the student with the book will be less interesting than it would otherwise have been. Allport evidently expects instructors to omit this chapter, which is intended for the general reader, who will find it an advantage to have introductory material in the text.

It is easy at present to charge the author of a social psychology with dogmatism, since so much is in dispute. Professor Allport is certainly not dogmatic in the general spirit of his book, but there are places where some readers will resent his unconditioned statements, as, for instance, this on page 401: "The only way to eliminate war is, therefore, to eliminate aggression. Reduction of armaments will never by itself accomplish this purpose. If we draw the lion's teeth and then steal his food, he will fight with his claws. The only power which can abolish warfare is a concerted control or super-government having the power to coerce each national government to abstain from violating the rights of other nations. The final definition of these rights must rest with an international tribunal backed by the strength of the concerted governments to enforce its decisions. An opportunity to aid in establishing such a super-national control was recently forfeited by the government of the United States through the rationalized, self-seeking conservatism characteristic of crowd-publics.''

Nothing at present is a matter of such great controversy in social psychology as the significance of instincts. The author recognizes the risk of absolute denial of instinctive tendencies or of making man a mechanical bundle of a multitude of instincts adequate to explain every type of behavior. He takes the reasonable middle ground, toward which the current of social psychology is so strongly moving.

In his reaction to the extreme doctrine of sublimation, which makes the sexual drive seem a sort of ''free floating energy'', he apparently gives up the notion of sublimation as such altogether. He is nevertheless justified in his statement that much that has been credited to sublimation is actually activity based upon interest in sex. His statement, on page 76, is as follows: ''Sex is the spur which keeps native ability and talent always at their maximum effort. The operation of the sex drive under the stabilizing influence of family life is a factor of progress second to none in human society. One of the most serious problems of our higher and professional education is the restlessness and distracting influence produced by enforced celibacy long after the sexual maturity of the student. Much time and energy is diverted from study into seeking such sex excitements as chance and a conflict with the sense of propriety may allow. If this sexual effort could be allied with the goal of scholastic and professional attainment, as it might be in some cases by early marriages with child-bearing deferred, instead of being allowed to detract from serious study, the gain both in work and happiness would be enormous.''

Most sociologists will find Professor Allport's statement on pages 348 and 349 regarding the basis of family life unconvincing: ''The life of the family centers in the sexual reflexes of husband and wife. This is equivalent to saying that the family is based upon love. On the afferent side the love responses are conditioned and stimulated by every detail of the person and behavior of the loved one; and on the efferent they are developed to include not only the sex act itself, but caressing, verbal endearment, and that protection of the home which is conducive to the fullest satisfaction of the love interest. . . . If the sex drive is the force holding partners in marriage together, it follows that any agency which impedes its normal function tends to destroy family life.'' The family certainly originated in impulses centered about parenthood rather than sex. It is doubtful whether sex, in the ordinary meaning of the word, can ever be a stabilizing element in family life. For example, economic interest has done as much to produce the modern family as has anything that is related to sex.

Allport's statement that "extroversion is a more normal condition than introversion" is open to discussion. One who is familiar with the enormous amount of introvertive tendency in primitive human nature must consider introversion at least as natural as extroversion. If normality in this connection means the more desirable attitude of adjustment, it is largely a matter of preference. The happier presentation is to regard both introversion and extroversion as extreme reactions; the wholesome adjustment keeps away from either extreme. In any case it is unfortunate to give to the layman the idea that introversion is in itself pathological as compared with extroversion, which is represented as the normal human attitude.

ERNEST R. GROVES.

Boston University.

THE MEASUREMENT OF MENTAL TRAITS IN NORMAL AND EPILEPTIC SCHOOL CHILDREN. By J. E. Wallace Wallin. Oxford, Ohio: *Miami University Bulletin,* Series XXI, No. 8, April, 1923. 175 p.

The title of this publication leads one to hope for a comparison of "mental traits" in the epileptic and the non-epileptic. This hope is not realized. The pamphlet is a report of some group mental tests administered to 30 institutional epileptics and to 76 public-school children. The experiment was carried on about the year 1911 and is more concerned with the mechanics of testing than with the measurement of mental traits in the epileptic.

The 30 epileptics were obviously very inferior in intelligence. Although they ranged from ten to twenty-four years of age, all were classified in the first, second, or third grades in school. The average intelligence quotient of the group, calculated on Binet (1908) mental ages, was .67. The public-school children, on the other hand, were apparently very nearly the normal average in intelligence. They were selected from the second through the eleventh grades on the basis of teachers' estimates, four dull, four average, and four bright pupils being chosen from each grade. There was only .39 of a year pedagogical retardation among this group. Under the circumstances, it is not surprising that the tests showed the 30 epileptics to be inferior to the public-school children.

Five group tests were given to the two groups of subjects at intervals of approximately one month. Each group test was composed of twelve individual tests. The same twelve, with certain variations to reduce the factor of familiarity and practice, were employed in each of the five groups. These tests included (1) memorizing a column of visually presented numbers (3 digits each); (2) giving free associations to a list of common nouns (designed to measure rapidity of thinking); (3) making simple one-column additions; (4) giving antonyms (for measuring controlled associations); (5) crossing out of A's in twenty-six lines of printed capitals (to test "attention and perception"); (6) recalling ten common objects visually presented (to measure "range of visual apprehension"); (7) memorizing twenty pairs of logical and illogical associations presented auditorily; (8) giving associations to the ink-blot test (for "visual imagination"); (9) constructing words from six letters; (10) constructing sentences with three words; (11) recognizing illustrated postal cards; (12) writing circles (to test speed of motor reaction).

The data presented indicate that the efficiency of the public-school children increases in these tests with increasing chronological age, and we are to conclude therefrom that the tests measure intelligence. The degree of inferiority among the epileptics as measured by these tests is greater than the Binet mental age indicates, for in only one test (writing circles) did the epileptics do as well as the nine-year-old normals, while in nine tests they did more poorly than the youngest group of normals. This may indicate that a group test is not as satisfactory as an individual examination for epileptics. The inferiority among the epileptics was evident in all of the tests, in the sensory and motor tests as well as in the more intellectual. However, they did considerably better on the three simplest tests (crossing A's, range of visual apprehension, and writing circles) than in the other tests relatively to the normals. The author concludes that his evidence contradicts the assertions of Binet and Terman that fineness of perception in all defectives equals that of the normal individual.

The amount of gain made by the epileptics on successive tests is on the whole smaller than the gain made by the normals, though this varies in the different tests. There is a tendency in the epileptics to improve more than the normals in the sensory and motor tests, but less in the intelligence tests. This again is true of the feebleminded non-epileptics. It is noteworthy, however, that the epileptics made improvements in most of the tests in spite of their feeblemindedness and their sufferings from convulsions.

E. K. Wickman.

The National Committee for Mental Hygiene, Child Guidance Clinic No. 2.

Duality: A Study in the Psychoanalysis of Race. By R. N. Bradley. New York: Moffat, Yard, and Company, 1923. 186 p.

This author has waded into the pleasant pool of classification, and paddles about furiously from the east bank to the west bank and back again. After the fashion of other present-day dualists, he calls these banks "types" and proceeds to type all the contents of the cosmos from the shape of a head to the predilections of palmistry. He takes scant notice of his competitors, William James and C. C. Jung, but erects a great heap of adjectives on both banks of his little pool, embracing all sorts of things that James never heard of and that Jung would be shocked at.

The east bank he calls Brachycephalous and the west bank Dolichocephalous. Under the former he has made a long list of attributes such as "puritanical", "economical", "bad insight", "disciplined", "truthful", "Protestant", "monotheistic", "favoring a land army", and so forth, and under Dolichocephalous a similar list of attributes of an opposite tendency. His theory is that in a general way attributes of a sort predominating in the unconscious are associated with the long-headed type of human being and that these originated in Africa, whereas the elements characteristic of what we think of as the conscious mind are associated with short-headedness and come from Asia.

There may be some merit in the book. Many interesting analogies are drawn and a tremendous gamut of human life is covered with at least some dualistic reference. There is a strong flavor of ethnology in the book, and the publishers' statement of the case is that the author is primarily an ethnologist and has had first-hand experience in prehistoric research. If this is so, however, he belies his scientific training in the arrangement of his material. He gives one no confidence in his ability as an ethnologist. He leaps from fact to fancy with incredible swiftness and indulges in all sorts of fantastic flights.

His general scientific erudition is certainly wide rather than deep and he commits innumerable blunders which in the reviewer's opinion render the book wholly unsuitable for anything except to serve as a source of some suggestions in dualistic typing (if one feels compelled to type people and to be dualistic). For one thing the book has nothing to do with psychoanalysis, and one cannot avoid the suspicion that the word was used to increase its sale. It contains references to the old bunk about prenatal influence and wastes over a page on "authenticated examples of birthmarks". The author winds on in similar fashion about astrology, palmistry, spiritualism, mediums, and so forth, and apparently puts faith in or at least quotes authoritatively such gentlemen as Geley, Maeterlinck, Wilfred Lay, Coué, Baudouin, and Mrs. Asquith.

As a source of stimulating suggestions and striking correlations, the book is valuable; as a presentation of a thesis, it is only fairly done; as an authoritative reference, it is erratic and undependable.

Kansas Society for Mental Hygiene. KARL A. MENNINGER.

SEX AND SOCIETY: STUDIES IN THE SOCIAL PSYCHOLOGY OF SEX. By William I. Thomas. Eighth Edition. Boston: Richard G. Badger, 1907. 314 p.

The mere circumstance that a scientific book, even of a popular nature, has passed through eight editions arouses curiosity as to what qualities have contributed to its successful distribution—whether lucidity and simplicity of presentation, value of content to a great mass of readers, or the timeliness of the subject. None of these qualifications are outstanding in *Sex and Society,* though its subject, to be sure, can never be out of date. Perhaps its success may be attributed in part to the alluring title, but the title only vaguely indicates the subject matter, which consists of a series of nine more or less unrelated essays—on *Sex and Social Feeling, The Psychology of Exogamy, The Mind of Woman and the Lower Races,* and so forth. These were contributed to various sociological and psychological magazines twenty years or more ago and apparently have not undergone revision since that time.

In a general way, Thomas treats all sex problems on "the assumption that woman stands nearer to the plant process than man, representing the constructive as opposed to the disruptive metabolic tendency". (Page 4.) He adduces a mass of antiquated morphological and statistical data in support of this position—figures that are perfectly valueless in the light of modern classifications, such as percentages with regard to mental defectives gathered in 1894 in Britain, insanity figures from Prussia in 1880, and serological findings of the same vintage.

In those essays that deal with primitive social relationships and sexuality the mass of ethnological observations quoted are as true and as interesting to-day as they were when originally recorded by the investigators of the past century, but there is no attempt either to correlate or to interpret these facts. Thus in *The Psychology of Exogamy,* he implies that exogamous tendencies depend upon the lure of unfamiliarity, with no hint of the psychological formulations of Freud in *Totem and Taboo* or of the modern analytic ethnologists. However, it is true that we are all interested in the exotic, the unusual, and the primitive, and it is probably the wealth and range of interesting historical citations with regard to customs among aboriginal tribes scattered about the remotest regions of both hemispheres—in Madagascar, Fiji, Labrador, and West Australia, to say nothing of our American Indians—that has created a demand which warranted the reissuance of this scientifically antiquated work.

C. P. OBERNDORF.

New York City.

PSYCHOANALYSIS AND THE DRAMA. By Smith Ely Jelliffe and Louise Brink. (Nervous and Mental Disease Monograph Series, No. 34.) Washington and New York: Nervous and Mental Disease Publishing Company, 1922. 162 p.

This is a collection of articles on the relation between the drama and modern principles of psychotherapy, most of them previously published.

The drama serves as a means of objectifying and depersonalizing the psychic conflicts characteristic of all human beings. By the process of identification, the beholder of the drama sees before him a projection of his own problems and those of his fellow men and observes also the formal solutions achieved. In addition to the direct benefit, the beholder is afforded an opportunity for mental catharsis and above all for improved insight. The authors do not develop the theory of the psychotherapeutic value of the drama intensively or systematically, but it is referred to in many of the discussions. The authors' aim has been primarily to set forth in clear relief a statement of the mental conflicts and solutions that have appeared in recent stage presentations.

Thus, for example, *Eyes of Youth,* by Carlton Gliddens and Max Marcin, and *Peter Ibbetsen* are used as illustrations of phantasy compensation for unbearable reality. The helpful and the harmful influences of alcohol in the solution of conflicts are considered in connection with Tolstoy's *Redemption.* Under the title *The Meeting of Extremes,* Charles Rann Kennedy's *The Army with Banners* is used as the basis for a discussion of emotional ambivalence. The real significance of freedom is contrasted with compulsion in a chapter on *The Willow Tree,* by Benrimo and Hazelton, and *The Yellow Jacket,* by the same authors (plus George Cochrane, Jr.) is presented as an example of a modern *Œdipus Rex.* Barrie's *Dear Brutus* is treated under the heading *The Healing Function of the Dream;* and Benelli's *The Jest* in a chapter entitled *The Destruction Wrought by Hate.* From these titles, the general nature of the subject matter and its treatment will be apparent. The name of the senior author is sufficient guarantee of its authenticity and value.

Kansas Society for Mental Hygiene. KARL A. MENNINGER.

DUCTLESS AND OTHER GLANDS; A POPULAR ACCOUNT OF THEIR NATURE AND FUNCTIONS. By Fred E. Wynne, M.B., D.P.H. New York: Alfred A. Knopf, 1923. 150 p.

The author of this volume deplores in his preface the premature acclamation of any discovery by the ignorant populace, believing it to be damaging to the progress of science, and states his belief that "our system of teaching every one to read and write without attempting to develop their critical faculty has produced a sensation-loving mob for whose commercial exploitation a number of inferior newspapers and magazines compete".

The material presented in the book is drawn largely from the subjects of physiology and embryology as treated in standard textbooks. To this has been added no laboratory or clinical contributions from the author's experience and no summary of the most recent experiments in the field of endocrinology. In the one hundred and fifty pages not only the ductless glands, but all other glandular structures to be found in the human body, are considered.

The important rôle which the thymus gland plays in the development and balance of the other glands is described and its qualifications for admission to the group of glands of internal secretion are discussed. Separate chapters are devoted to the consideration of the thyroid, the parathyroids and thymus, the suprarenals, the pituitary body, and the pineal gland, and the relation of these glands to nutrition, development, and growth. The theories of the functions of the anterior and posterior lobes of the pituitary gland do not wholly coincide with those that are accepted at the present time; neither are the diagnoses of classical types quoted from literature and history always convincing.

Organo-therapy, in the author's estimation, has had very limited results, except in the case of thyroid administration. He feels also that attempts to find a substance that would antagonize excessive activity of the thyroid have been universally disappointing. Both of these conclusions would seem to be at variance with the opinions of many who are at present engaged with clinical endocrinology.

The physician will find in this book a review of many facts of embryology and physiology pertaining to the various glandular structures of the body. Without more of a medical background than the lay reader is likely to have, it is doubtful whether he would be interested in or could absorb the many technical expressions used in the book. There is an appeal, however, to the popular mind in the presentation of the subject matter. Several pages, moreover, are devoted to a description of Voronoff's experiments in gland transplantation, the popular publicity of which the author at the same time deplores.

It is hard at the present time to find a satisfactory popular treatise on the glands of internal secretion, when there is so much confusion and controversy in scientific articles on the same subject. Perhaps the author of this little volume does well to stand fast by the essentials of embryology and accepted physiology, without attempting to become involved in the more recent clinical adaptations of such theories.

EDITH R. SPAULDING.

New York City.

THE KU KLUX KLAN. By John Moffatt Mecklin. New York: Harcourt, Brace, and Company, 1924. 240 p.

The "great invisible empire" has had the searchlight applied to it before. Professor Mecklin has recognized the inadequacy of searchlight methods, even when so illuminating as those of the New York *World* and Congressional investigations, for he realizes that mere exposure is not interpretation. As a social psychologist, he has sought deeper motives, and in this volume these are exposed and analyzed. Professor Mecklin investigates the Ku Klux *mind* and there finds certain twists responsible for actions which, when viewed in the light of history, and impartially weighed for social value, seem to be incredibly unjustified. It is this psychological interpretation that makes this volume an outstanding contribution.

The Klan can really be understood, Professor Mecklin points out in his first chapter, only after a consideration of its reorganizaion in 1920, at which time Clarke and Tyler, two expert drive promoters, became associated with Colonel Simmons, the founder. These two immediately began to "sell" the organization to the United States. They traded on "ancient hates, classical prejudices, and ingrained habits", rubbed raw by the war, wherever and in whatever form they were found. "These salesmen of hate speedily found that there were immense profits in purveying at ten dollars per initiate, anti-Catholicism, anti-Semitism, and white supremacy, together with the more or less sentimental bargain-counter attractions of 100 per cent Americanism and the purity of womanhood." The most scientific sort of salesmanship was employed.

In a most able discussion of the roots of the Klan movement, the author shows two sources: the first is native Americanism, from which its ideals are drawn; the second is the Klan of Reconstruction days, from which the name, methods, and paraphernalia are borrowed.

It is when Professor Mecklin begins his analysis of Klan popularity that he makes his most significant contributions. Here he employs the line of reasoning developed by Everett Dean Martin in his crowd studies and by others who have drawn upon psychoanalytic material in interpreting social behavior. The Klan, Professor Mecklin contends, is essentially a small-town and village organization, and is the direct outgrowth of an abnormal psychology characteristic of small-town life. Drabness, dullness, and a state of mental starvation react on the mind. Added to this is the tyranny of emotional Protestantism, with its premium on mental servility, which ‘‘dooms its devotees to a life spent in the midst of spiritual and moral illusions’’. The Klan also caters to the small-town mind suffering from inferiority complexes, and offers a glowing method of ego enhancement, with its call for virtuous men and crusaders.

That the crowd is a creature of stereotypes, Professor Mecklin develops in detail, and most admirably. The Klansman is gnawed by innumerable stereotyped fears, ranging from Darwinism to the Pope. Fictions in reality, these ideas have the semblance of truth to the Klansman. The Klan itself serves as a colossal defense mechanism. The manner in which this thesis is developed is most convincing and equally illuminating.

It is in showing that the Klan is more primarily anti-Catholic than anti-Negro that Professor Mecklin introduces material of the highest significance. The Klan is shown to be the lineal descendant of the Know-Nothing Party and the American Protective Association. The logic of the argument is unquestionably sound. The results of ‘‘a questionnaire, personal interviews, and other means’’ have disclosed anti-Catholicism as the most potent motive in gaining Klan adherents. Theoretically the Catholic church may be a theocratic autocracy, and, further, it may have played the rôle of opportunist on the question of separation of church and state—both of which are charged by those who fear the church. But Professor Mecklin concludes that this Klan point of view shows gross and unpardonable ignorance of the facts, and he points out that there is in this country an Americanized Catholicism. ‘‘American Catholics have proved their Americanism by their deeds.’’ Certainly the history of the Great War substantiates the author in this conclusion. Consequently Klan fears are seen to be absurd.

The last chapter of the book is one of the clearest discussions of the psychology of secrecy that has yet appeared. Here again Professor Mecklin applies his philosophy of the small town, and sees secrecy as a means of rising above the mediocrity of small-town life. Secrecy is a device for ego enhancement.

The conclusion of the book is of special interest, showing as it clearly does that the Klan is the product of sick minds. The explanation of its success is to be found in the unsound mind produced by small-town boredom, superficial thinking expressed in shibboleths of democracy, and the unusual situation resulting from the war. Professor Mecklin does not justify the Klan or its actions; but his condemnation is the condemnation of a man who appreciates that the Klan results from mental abnormality and not deliberate viciousness.

Professor Mecklin's style makes for easy and interesting reading. The conclusions are squarely stated, making the book more valuable as food for discussion, which it will undoubtedly create. Whether one agrees with his analysis or not, one must admit that his book is an earnest attempt to probe deeply and to grapple with concepts hitherto little understood.

NANCY BOYD WILLEY.

National Industrial Conference Board.

THE PSYCHOLOGY OF DAYDREAMS. By J. Varendonck, M.D., with an introduction by Sigmund Freud, M.D. New York: The Macmillan Company, 1921. 367 p.

This significant volume, to which Professor Freud has contributed a preface, deals with a phase of mental activity hitherto neglected by both psychologists and psychoanalysts. By means of a special technique, the author has succeeded in recovering his daydreams and other thought wonderings *in toto* and then has dissected them. His work represents a pioneer effort in this field and will, therefore, be a permanent psychological landmark. He merits the full measure of praise due those who have proven themselves capable of truly original research.

In two important respects, however, Varendonck has been somewhat unfortunate. His choice of the English language as a direct medium for the expression of his ideas is not an altogether happy one, and, furthermore, his terminology is somewhat defective.

In his preface, the author, who is a Belgian, admits his lack of command of English and so anticipates criticism on this score. He states he selected this language because he wishes to address himself especially to English readers. We think that the surest way for Varendonck to reach such an audience would be to write in his native tongue, leaving the rest of the task to a competent translator. His book is marred by bizarre diction, awkward construction, and clumsy circumlocution. The lucidity and clarity of the text suffer accordingly.

The shortcomings of the author's terminology are discussed in Professor Freud's introductory remarks. In a preliminary chapter, devoted to a brief discussion of autistic and realistic thinking, the author proposes to designate the particular forms of mental activity considered in his book as "foreconscious thinking". By so doing he commits himself to a somewhat defective terminology. As Professor

Freud points out, daydreams and other mind wanderings do not owe their peculiarities to the fact that they are accomplished mainly in the foreconscious. Daydreams may also be carried on consciously—for example, the conscious spinning of phantasies for pleasurable ends so common at puberty. On the other hand, directed thinking, as a study of the dream has proven, may proceed foreconsciously. Hence the relation to consciousness is not a satisfactory criterion in distinguishing between thought processes. Professor Freud suggests the term "freely wandering or phantastic thinking" to replace Varendonck's "foreconscious thinking".

The book is divided into two main sections: an "Analytical Part" and a "Synthetical Part". The "Analytical Part" is devoted to a description of the circumstances under which freely wandering chains of thought arise and terminate and to a study of their contents. The author's interest was centered at first upon the reveries that accompanied his falling asleep and awakening, but he soon found that these chains of thought were wholly similar to ordinary daydreams and so included both forms in his observations.

Freely wandering thought chains may arise under two different conditions, either when logical thinking has been dismissed as undesirable—as on attempting to fall asleep—or when we wish to maintain directed thinking—as while reading a book. In the former case, the chain arises either as the result of the perception of an external stimulus which is linked associatively with a recollection or day residue, or as the result of a day residue coming to the surface of its own accord.[1] On the other hand, when the mind is fully occupied, an intruding phantasy may be due to the irruption of a recollection or day residue facilitated by an external stimulus, or, when reading, by a word in the text that happens to contain what is practically a condensation understood in one sense by our conscious, but in another sense by our foreconscious. In every instance it is an emotionally significant memory element that is the important factor in the start of the chain. These remarks briefly summarize the first chapter of Part I.

The second chapter of Part I, entitled *The Contents of the Chains*, is the most interesting and valuable one in the entire book. Daydreams contain both visual and verbal elements. As extreme types we have, on the one hand, those phantasies that proceed almost entirely by words, in which an occasional visual image appears like an illustration in a book, and, on the other hand, those phantasies that roll in picture form like a motion-picture film, with an occasional title in words. The relative proportion of visual and verbal elements seems to depend upon the level at which the phantasy is being accomplished. ''When the concatentation sinks deep enough, the foreconscious visualizes all the thoughts—but not their relations—whatever their origin or character.'' (Page 78.) This visualization represents an actual thinking in pictures. But although ''visualization appears to be a constant element of foreconscious thinking'' (page 56), analysis shows that *''the thought associations,* which are rendered in words when we succeed in becoming conscious of our fancy, *are the principal part of the phantasy, the visual images only the illustrations''*. (Page 74, author's italics.) These images are memory pictures or admixtures thereof.

---

[1] Cf. Freud. *Introductory Lectures*, pp. 179 and 191.

Examination of the completed text of the daydream shows it to be a foreconscious attempt at the fulfillment of one or several wishes. The daydream text itself can be resolved into a series of questions or suppositions with corresponding answers or rejoinders, raised in reference to one or more solutions of the problems connected with the wish. The only source from which this material can be drawn is memory. Hence these questions and answers, or suppositions and rejoinders, represent successive tentative adaptations to foreconscious problems on a basis of past experiences. This peculiar mode of thinking in queries and replies is the same whether the chain is mainly visual or verbal.

Freely wandering thinking presents certain notable peculiarities. Most striking is its capricious, unsteady nature. There are a number of circumstances under which the daydream goes astray. A very vivid visual recollection may cause the mind to pass into a peculiar passive condition in which memory pictures unroll themselves automatically. The foreconscious wish is temporarily inactive. There is no progressive thinking. It is in this state that deviations and swerving of a phantasy occur. Similar disturbances may be caused by external perceptions connected directly with verbally recollected thoughts. Another weakness of this form of mentation is contained in what the author terms ''absence of regressive survey''—*i.e.*, the inability of freely wandering ideation to return to its productions and to review them critically in retrospect. Again, ''the foreconscious accepts and retains as real only that which pleases it. That which does not suit it is at once rejected and sinks into oblivion.'' (Page 145.) Further, the ''if'' and ''when'' which introduce the suppositions and rejoinders that constitute the text of the daydream are at once forgotten, these hypotheses becoming at once reality by virtue of their representation as an actual occurrence by visualization. When the daydream is reduced to a verbal text, the ''if'' and ''when'' relationships first become apparent. Hence the inferiority of this type of mentation as compared with conscious, directed thinking.

Finally, daydreams may terminate either because an external stimulus or a strong affect causes them to rise to the surface.

The second section of the book, the "Synthetical Part", contains some generalizations on the relation of affect to memory, apperception, ideation, and visualization. When a German translation of the book, called *Uber das Vorbewusste Phantasierende Denken,* was added to the *Internationale Psychoanalytische Biblothek* as *"Band XII",* this second section was omitted with the author's consent.

The book is concluded with a brief third section entitled *The Significance of Daydreams.* The author regards daydreams as being by no means necessarily abnormal mental products. On the contrary, they seem to serve a definite "purpose". They afford relief from the censor and allow the abreaction of strong affects, thus exercising a cathartic function. Further, by presenting tentative accommodations for unsolved problems, they tend to effect adaptations to reality.

While Varendonck's investigation of daydreams may be considered an "analytic" work in a broad sense, his method is not, strictly speaking, a *psycho*analytic one, although some use is made of the free association method and the terminology is preponderantly psychoanalytic. The chief value of the book lies in the originality of its subject matter. MONROE A. MEYER.

New York City.

JOB ANALYSIS AND THE CURRICULUM, WITH SPECIAL REFERENCE TO THE TRAINING OF PRINTING EXECUTIVES. By Edward K. Strong, Jr., and Richard S. Uhrbrock. Baltimore: Williams and Wilkins, 1923. 146 p.

This book is the report of a piece of research that demonstrates, in a manner not generally recognized as possible, the organization of a curriculum of industrial training based upon job-analysis records obtained through an exhaustive study of the "workman on the job". It is an immensely practical piece of applied science. The need for a closer linking of education and industry has long been felt, but the planning of a curriculum of education based upon job-analysis data has only now been found to be feasible. This is carefully worked out only for printing executives, but a plan for a similar development throughout all industry is thereby suggested.

A behaviorist conception is taken of "job analysis *as the search for habits necessarily used by a workman on the job".* The emphasis in job analysis is thrown very clearly upon the man working upon the job and not on the job itself.[1] The writers make the distinction between the job analysis and the job specifications upon this basis: "The job analysis is the means; the specification is the end." Job analysis is a method of studying men in relation to their work, and the job specifications are the records of the results obtained. Job analysis is defined as "a method of scientifically dissecting a job in order to determine the component elements and their influence upon the length of learning period of the worker, production, and labor turnover."

Job-analysis data were secured from ninety-four printing executives in ten different printing establishments in two large cities. A consolidation of the jobs covered by this analysis was made and complete specifications for the following nineteen job units are offered: president, vice-president and general manager, secretary-treasurer, office manager, head of the cost department, sales manager, estimator, credit man, layout man and art director, purchasing agent, plant superintendent, composing-room foreman, platen-press foreman, cylinder-press foreman, web-press foreman, bindery foreman, mechanical superintendent, shipping manager, stock-room foreman.

Out of these job specifications are developed the objectives of courses for the printing curriculum. Course outlines are given for the following: Accounting, advertising, banking and credit, chemistry, commercial law, cost accounting, drawing, English, estimating, foremanship, history, how to study, industrial management, mathematics, manufacturing industries, personnel administration, physics, principles of economics, printing shops, proof reading, psychology, selling, statistics, graphic methods and preparation of reports, superintendency of printing.

This "survey of the executive positions in the field of commercial printing was made for the express purpose of inventorying the duties of executives and discovering where the emphasis should be placed in training men for similar positions". It is the viewpoint of the writers that the curriculum of printing executives "must train men in functions and in hierarchies of functions", and that a job specification listing all the habits utilized by the individual in connection with his work, and as well the qualifications that the man should have in order to acquire these habits, should be the basis for the training of the proper coördinations necessary for the printing executive. This would appear to be a sound and scientific foundation for industrial education.

DOUGLAS FRYER.

University of Utah.

---

[1] See discussion by Scott and Clothier in *Personnel Management* (Chicago: Shaw, 1923, pp. 1–20) of the "worker-in-his-work" unit, another excellent example of this essential viewpoint of the man-job relationship.

MENTAL AND SCHOLASTIC TESTS. By Cyril Burt. London: P. S. King and Son, Limited, 1922. 432 p.

This work consists of three memoranda which are the result of more than a decade of work of the psychologist in the Education Officers Department of the London County Council. It was first issued in December, 1921. A second impression was made September, 1922. The preface is by Sir Robert Blair, LL.D., Education Officer, London County Council.

These pages evidence throughout the patient devotion of a master psychologist to the educational problems arising among the school children of London. The first memorandum (128 pages) is devoted to the practical use of the Binet-Simon scale in assessing the mental ability of school children. The author began work with these tests while Professor Binet was still alive and has had the closest coöperation of Dr. Simon throughout his work with these tests, Dr. Simon having examined the manuscript for this version of the tests.

The first memorandum is really a manual for the administration and the assessment of Mr. Burt's version of the Binet-Simon test. On account of the high degree of psychological and statistical skill which the author has brought to bear upon this work, the manual is bound to be much sought after as a means of analyzing difficulties in school progress and behavior among children.

The second memorandum (pages 129 to 256) discusses the theoretical validity of results. It presents a wealth of material. The results are from 2,674 normal children in fifteen departments in elementary schools, 729 children in special schools for mental defectives, and 107 juvenile delinquents from remand homes, industrial schools, and so forth. In this section we find a careful consideration of the mathematical concepts that must necessarily constitute the principles validating any series of mental tests stated in terms of mental ages. The author aims to standardize the methods and results of the Binet-Simon tests, to adapt them to the English school child, and to determine their diagnostic values. This procedure has involved translation from French instructions, adaptation to the English child, ascertainment of averages at various ages, assignment of the border line between defective and normal, assessment of the accuracy with which the tests severally and collectively measure intelligence, and the influence of sex, social status, educational opportunity, and emotional and moral dispositions. The program has been carried out with distinguished ability and painstaking perseverance.

The third memorandum (257 to 414) concerns itself with tests of educational attainment. Many of these tests are of the author's invention. He cites the general absence of standardization for age groups in American tests of educational attainment. His tests have been standardized both for school forms (grades) and for age groups. With the insight of a psychologist he has proceeded to organize tests in the various subjects in the curriculum so that they shall serve to bring out by mental analysis the grounds of various seeming special defects and to state them in terms of mental process. By this means he places in the hands of the schoolman the means of making the training fit the needs of the child. This part of the author's work constitutes one of the best examples extant of clinical psychology putting itself at the service of the teacher and the educator. It is an invaluable aid to every clinical psychologist working in the field of education. No teacher or educator who is making psychological studies can afford to be without it.

Since the subjects of the three memoranda commend themselves severally to somewhat different classes of workers, and since the combined work constitutes so large a volume, we suggest the advisability of binding and pricing them separately when another impression is made. The work is well indexed. It is a very good piece of bookmaking.

THOMAS H. HAINES.

The National Committee for Mental Hygiene.

AN INTRODUCTION TO PSYCHOLOGY. By Susan S. Brierley. New York: Dodd, Mead, and Company, 1923. 147 p.

For the non-professional student of psychology who wishes a general survey of the field, this introduction is clear and concise. The approach is in harmony with the biological point of view, and some of the outstanding controversies that tend to confuse the beginner are presented briefly, as are also the various methods and fields of inquiry common to the science.

Among the divergent views of psychology, the author accepts as most satisfactory the definition given in terms of behavior which is interpreted to mean purposive activity and includes the unconscious factors. The point is emphasized that for the understanding of human nature the unconscious factors at the lower end of the scale of behavior must be studied as well as the conscious ones. However, the American behaviorists are criticized because of their too objective attitude—because in their view ''psychology is not concerned with the conscious at all, even in the case of human beings, but finds its legitimate and sufficient material for a science in the external facts of mere behavior''.

Behavior is explained as the expression of those inner rhythmic processes that constitute life and that are in dynamic relation with the environment of the organism. The term given to this positive activity is "horme", a bio-psychic energy having simple and complex forms of expression, consciousness being a character attendant upon the higher levels of activity. Metaphorically, it is the reservoir of energy with which the organism is endowed and from which it draws for all biological purposes. If this life-energy is utilized to maintain nutritive processes, the author speaks of it as the nutrional horme and when directed toward reproduction, as the sexual horme.

The development of personality, according to the author's theory, results from concrete transformations through which the original horme passes. The inner dynamic conditions of response are expressed in tendencies and dispositions (in Freud's terminology, the "wish") towards more or less specific forms of behavior which constitute habit. Interest and attention depend upon the dispositions which are "touched off" and these in turn have been conditioned by experienced pleasure and pain.

In approaching the more direct study of conscious experience and behavior, the point of view associated with the names of McDougall and Shand is presented. Instinct is the raw material from which character is built through the integrating influence of experience and intelligence on the transformation of the inner tendencies into sentiments. According to McDougall, the instincts are the springs of action; to quote the author: "It is the dispositions, the dynamic tendencies, the horme, the libido, which are the springs of action."

The author feels that a satisfactory theory of character formation must include the unconscious material and the mechanisms that are revealed by the psychoanalytic method. Passing from the organization of the dispositions in harmony with the conscious intentions, she devotes the last chapter to showing their conflicts, so commonly found in the unconscious to such an extent that failure of adjustment results. The mechanisms that afford relief to mental conflict are explained and the process of psychoanalysis is discussed briefly.

ELMA M. OLSON.

La Salle-Peru Township High School, Illinois.

ADOLESCENT INTERESTS; A STUDY OF THE SEXUAL INTERESTS AND KNOWLEDGE OF YOUNG WOMEN. By F. I. Davenport, Ph.D. New York: *Archives of Psychology,* No. 66, 1923. 62 p.

Under the ambitious title cited above, Dr. Davenport presents an analytical study of the questions bearing on sex matters asked by a group of 160 young women students in a training school for teachers. The statistical treatment of data sometimes leads to illusions as to the scientific value of the material thus presented, and Dr. Davenport is not entirely free from this error. At least the present reviewer was conscious of some disappointment in view of the expectations raised by the title of the study. The psychologist who has been engaged in active clinical work with adolescent girls, and who knows that their sex interest is often carried over into overt behavior as well as speculation, can only feel that such queries as form the material for Miss Davenport's study merely scratch the surface of the problem with which the author is concerned. In short, it represents only one angle of approach, while a thorough and adequate study would also have to include such data as would be obtained from many sources—a description of the girl's social behavior, her confidences, a study of her dreams and daydreams, and so forth. Since Dr. Davenport eschews the use of any methodology that savors remotely of psychoanalytic procedure or of subjective methods, it can hardly be hoped that she will extend her study to make it worthy of its title. However, the data that she has presented—and there can be no criticism of her work or the handling of her data in the narrow scope to which she has limited herself—is bound to be of interest to those who are concerned in this field of investigation. When considered as a report of "a single experimental study" (which is, after all, the real reason for its existence) it is a commendable piece of work.

PHYLLIS BLANCHARD.

The National Committee for Mental Hygiene, Child Guidance Clinic No. 1.

THE PSYCHOLOGY OF POWER. By Captain J. A. Hadfield, M.B. New York: The Macmillan Company, 1923. 54 p.

A brief and elementary discussion of the relation of the "instinctive emotions" to vigor and fatigue. Captain Hadfield's thesis is that we are all living far below the possible limits of our powers and that this is largely due to the fact that we are in the position of a house divided against itself, the great driving forces in us, the instinctive emotions, being locked in futile struggle with one another or with the will. This part of the discussion is clear and convincing; but when he takes up the question of the means whereby these locked energies may be released, the author becomes a little vague. He recommends the cultivation of an attitude of confidence and of "restfulness of mind" and the direction of the instincts toward "useful and harmonious ends" in "a life of purposeful and altruistic activity". He does, to be sure, mention the bringing to consciousness of latent causes of worry and the letting out of repressed complexes, and one gathers from references to his own practice that he is a strong believer in the therapeutic value of hypnotism, but his most concrete suggestions in the present volume have to do with the power of the Christian religion to liberate energies by harmonizing the conflicting elements of the personality, and with the possibility of "such a reinterpretation of some of the fundamental beliefs of Christianity as would make them intellectually possible of acceptance to the modern man".

On the whole, *The Psychology of Power* is the sort of book that one might recommend to one's grandmother or maiden aunt if one wanted to give her a glimmering of what the new psychology is about without in the faintest degree shocking her sensibilities. This is not meant altogether as a disparagement. Surely a new science, no less than a new religion, must provide milk for babes as well as strong meat for men if it is to be of the widest usefulness. But it is a pity that so many books of this type are written by those who seem a little squeamish about the strong meat themselves. Captain Hadfield, for instance, has many kind words to say about the instincts (even the sexual, though "at first sight", he admits, "it appears incapable of being raised to higher uses"), but one somehow gets the impression that he is pleading their cause not only with his readers, but with an unconvinced part of his own mind, and inevitably this weakens his effect.

MARGARET H. WAGENHALS.

The National Committee for Mental Hygiene.

THE PSYCHOLOGY OF LAUGHTER AND COMEDY. By J. Y. T. Greig. New York: Dodd, Mead, and Company, 1923. 304 p.

Mr. Greig has produced a comprehensive study of laughter and comedy which will prove intelligible to the general reader. One cannot fail to admire his energetic preparation of the soil whereon he proceeds to erect his structure. He gives the impression of having left no stone unturned in his effort to ferret out every notable theory of laughter, and on this imposing mound of quotations and excerpts, he offers his contribution to the subject.

Analyzing or dissecting laughter as such is at best a sorry task, and one is relieved when this portion of the book is concluded and the author devotes his attention to the analysis of the causes of mirth (comedy, humor, wit, and the like) which offers more psychological enlightenment than the careful descriptions of "explicit behavior".

The influence of Freud is apparent throughout the book, and his theory of wit is supported in fairly orthodox form. Mr. Greig maintains that "from whatever side we make our approach, we accumulate evidence pointing to the intimate connection between love and laughter". Unfortunately, his explanation of ambivalence in relation to mirth is discursive and meanders through such a mass of irrelevant material that what promised to be a unique and inspiring treatise concludes ineffectually. In addition to this, the reader stumbles over a statement in the latter portion of the book that seems incompatible with the general attitude assumed by the author. He says: ''The most hopeful line of advance for psychology is toward physiology. Our physiological knowledge may be still too meager to tell us what happens when we behave in particular ways and we are therefore forced to go on using very general and very vague concepts like feeling, intelligence, the unconscious, psychical distance, and so forth.'' This sudden distrust of metaphors and analogies in the language of psychology is inexplicable when viewed in the light of the preceding chapters.

In an appendix Mr. Greig carefully summarizes the views on laughter and comedy of writers from Plato to Freud and Max Eastman. An extensive bibliography, admirably arranged, is added to the foregoing digest. Although Mr. Greig offers no original contribution to the psychology of laughter, his expansion of the subject is enlightening and he provides his readers with a valuable key to further research.

RUTH LIEBMAN.

Stamford, Connecticut.

NOTES AND COMMENTS

Maryland

Parole of feebleminded from the Rosewood State Training School is provided for by Chapter 336, Laws of 1924. This law authorizes the board of visitors of that institution to parole for an indefinite period such inmates as they deem proper.

Massachusetts

Chapter 19, Laws of 1924, relating to the disposition of persons committed for observation, provides for the commitment to "any institution for the insane" instead of to the institution in which he is then confined of any person who at the end of the period of observation is adjudged insane. It also removes the restriction of having the same judge commit the person as committed him for observation.

New York

A number of sections of the New York Insanity Law are amended by Chapter 550, Laws of 1924. Among the important changes is one concerning the provision for voluntary admission. As the law formerly stood, a person making application for admission must be of such mental condition as to render him competent to make such application. The new law removes this restriction.

This law also makes minor changes in the commitment procedure and provides for the commitment of patients from New York City to the new Harlem Valley State Hospital. It also provides for the appointment of deputy medical inspectors by the state hospital commission, to relieve the medical inspector of some of his duties. It contains the following new provision: "The commission may make reciprocal agreements with other state or political subdivisions thereof to provide for the prompt and humane return, under proper supervision, of insane residents of either state."

Chapter 337, Laws of 1924, amends the code of criminal procedure, in relation to proceedings when a person in confinement appears to be insane. The new law allows the judge to commit such person to the care of the board of managers of the state hospital within the district until the question of his sanity is determined.

Virginia

To protect inmates of state institutions, the law in regard to rape has been amended by Chapter 443, Laws of 1924. This law raises the age of consent to sixteen years.

An act "to preserve racial integrity" was passed by the 1924 legislature. This act makes it unlawful for any white person in the state to marry any other than a white person. The term "white person" applies to one who has no trace of any blood other than Caucasian; but persons who have one-sixteenth or less of the blood of the American Indian and have no other non-Caucasian blood shall be deemed white persons.

America's Opium Supply

An article reprinted from *The Asiatic Review* in a recent number of *The Living Age* sets forth some illuminating facts with regard to America's opium supply. The author of the article, John Campbell, feels that it is of special importance that these facts should be known in view of the campaign of misrepresentation—in his opinion a politically inspired campaign—that has been going on in a section of the American press with regard to the responsibility of India, and indirectly of England, for the drug situation in America.

The real facts, which the author states are readily verifiable, are as follows: "(a) India does not export opium to the United States of America, nor has she ever done so; (b) India does not export opium to countries in the American continent in any but the most trifling quantities, and at very irregular intervals; (c) the laws in force in America are so drawn that Indian opium is now, and has for many years been, excluded from America, inasmuch as it contains less than the prescribed percentage of morphine; (d) India does not export opium to England, or to any other country, for eventual reëxport to the American continent, and no Indian opium does in fact find its way to America by any channel whatsoever, except possibly such trifling quantities as may be smuggled by the crews of ships trading between Far Eastern ports and ports in the United States; (e) India does not now export, nor has she at any time exported, dangerous drugs such as morphia, heroin, cocaine, and so forth, to America, either directly or indirectly. . . .

"But the facts stated above, cogent as they are, do not give a complete presentation of the position; nor do they bring out adequately the more comprehensive safeguards which India has created.

"To do this, it is necessary to sketch, in rough outline, the general measures which the government of India has taken to protect all countries, including America, against the possible danger of receiving opium, produced in India, in excess of their ascertained and legitimate requirements. India has given a formal undertaking that she will not allow any opium to leave her shores for export to any particular country, unless the government of that country certifies that the opium so to be exported is required for legitimate purposes. So far from pressing its opium on any country, India requires, as a condition precedent to export, that the importing government must satisfy itself that the quantity asked for is reasonable; that government must certify that the opium is required for legitimate purposes, and must assume the administrative and moral responsibility of seeing that the opium imported is not in fact employed for purposes of abuse.

''With the object of emphasizing and pressing home this responsibility, the government of India has for several years steadily pursued the policy of selling its opium, so far as that was possible, direct to the governments concerned; it felt that in this way the responsibility of these governments for controlling the use to which the opium was put was made clearer, more direct, and more public. As the result of steady perseverance in this policy, India now sells roughly three-quarters of her total exports of opium direct to responsible governments; but it is important to remember that, as regards the balance of approximately one-quarter, the control of the importing government remains absolute and unimpaired.

''The government of India probably hoped that the adoption of these arrangements would disarm its critics, but it underrated their ingenuity. There is still a party, small, perhaps, but very vocal, which urges with vehemence that the system is entirely unsatisfactory, inasmuch as it is left to the importing governments to decide what quantities of opium they shall import, and to determine what construction shall be placed upon the word 'legitimate'. This contention is, it may be noted in passing, not strictly correct, for the government of India, while naturally averse for obvious reasons from challenging the accuracy of a certificate issued by a responsible government, has in fact refused to allow exports in cases where it was thoroughly satisfied that the certificates produced were unreliable. The major contention, however, remains; analyzed, it seems to amount to this—that the government of India should set up in business as the moral mentor of the world in respect of the drug traffic. It is for India, the critics say in effect, to determine what quantity of opium a particular country needs, and to determine also what is 'legitimate' use in that country.

''This proposition has only to be stated for its absurdity to become manifest. . . .

''Apart from considerations of national dignity and international courtesy, it is obvious that it would be wholly impracticable for India, or for any other country, to attempt to decide what quantity of opium or dangerous drugs any particular government should be allowed. So far as the writer is aware, no country has yet solved that problem satisfactorily, even for its own territory; to solve it for another country is absolutely impossible, with the machinery now available and in the conditions which now exist.

"So far as the opium traffic of India is concerned, America would, therefore, seem to enjoy the maximum degree of protection possible against the occurrence of any abuse. India sends her no opium; and India sends out no opium at all unless a responsible government certifies that that opium is necessary for its legitimate purposes.

"In other words, India has done everything possible to prevent the formation of any pool from which opium could be smuggled to illicit destinations. If such smuggling of Indian opium does exist, it can only exist in virtue of excessive demands made on India by dishonest or incapable governments, demands which the government of India cannot reasonably reduce until it is in a position to satisfy itself, on clear evidence, that the quantities asked for are, in fact, unduly large. As already stated, it does not hesitate to reduce such demands when it is so satisfied; but the course of the export trade during recent years suggests that abuses of this nature seldom occur. Within the knowledge of the writer, a close study of the subject for several years has led to the accumulation of convincing proof as against one government only, and to the formulation of a case of strong suspicion as against one other government.

"The policy and practice of the government of India having now been explained in the roughest outline, and the fundamental facts as regards the position of America having been stated, one is in a better position to form a reasoned opinion on the main contention of the American press, which is that the drug evil must be attacked at the source if successful results are to be obtained. Briefly, the suggestion is that the production of opium, and of the coca leaf, must be limited by means of some effective machinery to the quantities necessary for medical and scientific purposes.

"This proposal has, admittedly, an alluring simplicity; there is an attractive 'root and branch' vigor about it likely to commend it to the average man, who rightly feels that something effective must be done at once to end an abominable traffic; and it has an air of administrative feasibility calculated to disarm criticism of the more technical kind. But it bristles with fatal objections, and the simplicity is unfortunately apparent only.

"In Europe and America the problem is solely a *drug* problem. There is no abuse of opium, and there is practically no consumption of opium except for unquestionably legitimate medical purposes. But, throughout Europe and America, there is now undoubtedly a widespread abuse of drugs. The 'bottle-neck' of the system does not lie in the producing countries, where poppy or coca leaves are grown, but in the manufacturing countries, where the only drugs used by

America and Europe are produced. Cocaine, for example, is made in a very few factories, all of which are definitely marked down, from coca leaves grown principally in the Dutch Indies and in Southern America; morphia, heroin, and the allied drugs are manufactured from opium, again in a very few factories, all of which are known.

"The fabrication of these drugs is a difficult business, requiring skilled control, suitable and delicate machinery, and long experience. Further, the trade is concentrated to a quite remarkable degree. In Great Britain there are only three factories which make morphia and its derivatives; in America there may be as many as ten or fifteen factories for the whole country, but several of these are comparatively unimportant. Probably the whole of the cocaine factories in the world could be counted on the fingers of one's two hands. Here then, indubitably, is the 'bottle-neck' of the business. Control these factories adequately, and you control morphia, heroin, and cocaine at the real source.

"You cannot control at the physical source—the country where the raw material is grown—for various reasons. In the case of cocaine, for example, the percentage of extractable drug in the leaves varies enormously in different conditions; it would, in the opinion of competent chemists, be impossible to say that so many acres would produce so much of the pure drug. Further, who is to determine to what extent production shall be reduced, and what share is to be retained by Peru or Holland of the truncated trade? There is no authority with power to allocate to the various countries their share of the total production which might finally be decided on, and there seems no likelihood of having these quotas fixed by agreement.

"The position in respect of opium is very much more complicated. The poppy is grown by a large number of countries; several of these are not signatories of the Hague Convention; some of them, though signatories of that convention, do not, in fact, possess either the will or the power to render effective any decisions which might be arrived at as to the limitation of production; and the situation is still further complicated by the fact that most of the producing countries, with the exception of India, have no statistics of any value as to the crop. China, which probably grows over 80 per cent of the total world production of opium, officially prohibits the cultivation of the poppy. Can it be imagined for a moment that in these circumstances 'limitation at the source to the amounts required for medical and scientific purposes' is a practicable policy?

"Would Afghanistan be likely to agree? Would Persia and Turkey accept and carry out efficiently the decisions of an International Conference as to the limitation of a crop which has in the past constituted one of their chief sources of revenue? And what about the

80 per cent of the world crop grown in China? It is true that China's exports have not hitherto been large; but the enormous, and wholly illegal and uncontrolled, production of opium in China is now a menace to the world. Control of the production of coca leaves and of opium at the source is an entirely impracticable proposal in the world as it exists to-day. The power to impose a solution, the will to carry out that solution, the administrative machinery necessary, the statistics requisite to enable the problem to be stated and solved, are all alike lacking.

"There is another fundamental difficulty inherent in the suggestion for control at the source. Before there could be even the semblance of such control, a new international agreement, extending, varying, and amplifying the Hague Convention, would be essential. Now it took exactly nine years and a world war to render the Hague Convention fairly effective generally. Despite the pressure which could be exercised, and was in fact exercised, under the various peace treaties, Persia still stands outside the convention; and Turkey has only agreed to come in under the recent Lausanne Treaty. It would be unduly optimistic to expect anything in the nature of close control in Turkey for many years to come; there is no prospect of obtaining any control either in Persia or Afghanistan; and, as we have already seen, China is white with poppy although that crop is legally prohibited there.

"India, Turkey, and Persia are probably of approximately equal importance as exporters of opium; Afghanistan supplies a considerable, but much smaller quantity; and China's present exports are unascertainable, though it is known that they are large enough to embarrass seriously the governments of Hongkong, Burma, and Indo-China. Were the proposal for control at the source carried, the obvious result would be that, while India would scrupulously carry out any engagement she might enter into, there would, in fact, be no reasonable prospect that the effective collaboration of the older countries concerned could be obtained. The burden would fall on India, and on India alone. Nor would the world at large be benefited, inasmuch as there is ample land available suitable for poppy cultivation, and under the control of countries which would either refuse to enter into any engagement on the subject, or which could not as a matter of experience be depended on to implement any such engagements which they might undertake.

"The essential thing is not more international engagements, but rigid honesty and sound administration in respect of the engagements already concluded. There is, however, a very natural human tendency to think that a matter can be settled by passing an *ad hoc* law on the subject; and that tendency has, perhaps, been more apparent on the

American than on the English side of the Atlantic. America passed a law in 1909 which enabled her to appear at the Shanghai Conference 'with reasonably clean hands'. The quotation is from an American authority on the subject. But, despite her quite excellent law, America did nothing to put it into effect for nearly thirteen years. She denounced the iniquities of the traffic; but she entirely failed to use the weapon, ready forged and lying in her arsenal, which would have been amply sufficient to enable her to remedy the evils of which she complained.

"She has still weapons fully adequate to deal with her present situation, but the popular cry is not for their use, but for the passing of new laws, the formulation of new international agreements, designed to prevent the necessity arising of America having to help herself. That is not characteristic of the spirit which has made America so great and powerful; in the writer's view, the phenomenon is due solely to the fact that the American public is unaware of the facts of the case. Their law of 1909 prohibited the importation of opium except for medical purposes; since 1909 to the time of the Jones-Miller law, America steadily imported, without any attempt at check, quantities of opium enormously in excess of her medical requirements. Further, she obtained that opium exclusively from sources which were not subject to international control of any kind—in other words, the whole of her opium came from Turkey and Persia, both of which countries stood outside the Hague Convention. The position was exactly similar in the case of the much more noxious drugs such as morphine, heroin, cocaine, and so forth. Practically the whole of her imports, during the last year when such imports could legally be made, came from Switzerland, which also is outside the Hague Convention.

"There was no secret about these imports, and the question of smuggling did not arise. The drugs were openly imported; they are duly entered in the United States customs returns; duty was paid on them to the United States Government. The customs duties were not particularly high; they were certainly in no sense prohibitive. Why should any one have bothered to attempt to smuggle when the front door stood open? And why should America seek to place upon other nations the responsibility for a state of things which she could have stopped at any moment, had she chosen to enforce her own statutes on the subject?

"India resents, and rightly, the constant stream of abuse to which she has been subjected, more particularly in America. That abuse is, beyond all doubt, due in part to political motives. It cannot be doubted for a moment that the American people would have been the first to see that this torrent of calumny was stopped had they been aware of the facts of the case. India is no more responsible for the drug situation in America than she is for the dolmens in Brittany. She stands absolutely and completely outside America's problem, except to the small extent to which the Philippine Islands are concerned. That is a matter which can best be treated separately. It is sufficient here to say that, as regards these islands, India has throughout done her best to assist America in carrying to a successful conclusion an experiment which India herself initiated, many years before, for the larger problem, and in the more difficult circumstances, of Burma.

"What are the results which India and America have respectively achieved in their efforts to grapple with the drug problem? Reduced to their simplest terms, they are that India—a country where opium has been used for generations, where it is employed in every household as the medicine in most common use, where the poppy can grow almost everywhere—has been for thirty years kept down to an average consumption of 26 grains per head per annum. In the official Report of the Special Committee of Investigation appointed by the Secretary of the United States Treasury in 1918 on the traffic in narcotic drugs, the consumption in America of these drugs, excluding cocaine, was 36 grains per head, in terms of raw opium. That corresponds to an equivalent figure for Indian opium—on the basis of its morphine content—of 54 grains.

"In other words, the latest official figures show that India has for thirty years kept its consumption at less than half the consumption in America up to the year 1918. The Indian figure is 26, as against an equivalent official figure of 45 for Switzerland, and an approximate estimate of about 22 for the northern countries of Europe. The estimated legitimate requirements of America range about 15 grains, in terms of raw Indian opium.

"These results certainly do not suggest that India has any cause for dissatisfaction with the results of her policy of the domestic control of narcotic drugs; they do suggest that America has much to learn from Indian practice; and they place in a somewhat lurid light the campaign of vilification which a portion of the American press has directed against India. These facts are only now becoming known in the United States; and there are already many signs that India's attitude, and India's policy, are beginning to be adequately appreciated there. Warm tributes have not infrequently been paid to India's self-sacrificing efforts, both as regards China and in respect of her opium policy generally; and the people of America are beginning to discover that they have been led by their press into forgetting the beam in their own eye while professing much concern regarding the mote in their neighbors'."

A Course in Mental Disease and Mental Defect for Magistrates

A recent number of the *British Medical Journal* reports that a short course of instruction—the first of its kind—for magistrates in connection with their duties under the Lunacy and Mental Deficiency Acts was held in London under the auspices of the Central Association for Mental Welfare from March 18 to 21. "In all, twenty-eight justices, men and women, took part in the course; the majority of these came from various parts of England, but one was from Nigeria and two came from South Australia. The instruction given consisted of eight morning lectures, delivered at the Royal Sanitary Institute, supplemented by afternoon visits to various prisons, remand homes, mental hospitals, and institutions. For the purpose of visiting, the magistrates were divided into small groups so that the greatest possible benefit could be gained. Sir Leslie Scott, K.C., M.P., gave the inaugural lecture on legal responsibility and mental deficiency; Dr. J. G. Porter Phillips gave three lectures on mental disorders, dealing especially with their medico-legal relationships; Dr. A. F. Tredgold dealt with the subject of mental deficiency in three lectures, dealing in detail with the subject of defective delinquents; and Dr. F. C. Shrubsall gave one lecture on legal administration under the Mental Deficiency Act. Visits were paid to Brixton and Wandsworth Prisons (by courtesy of H. M. Prison Commissioners); to Bexley and Claybury Mental Hospitals, the Manor, Epsom, and South Side Home, Streatham, and Ponton Road Place of Detention (by permission of the London County Council); and Pield Heath House Special Industrial School, Hillingdon. From the great appreciation expressed by those who attended, there can be no doubt that the course proved a means of giving valuable information on the subjects of lunacy and mental deficiency, and that this new departure was thoroughly justified. It is hoped to repeat it at a later date. Information as to future courses may be obtained from the Honorary Secretary, Central Association for Mental Welfare, 24 Buckingham Palace Road, [London] S. W. 1."

The New School for Social Research

An unusually interesting group of lecture courses relating to the field of mental hygiene will be given next year at the New School for Social Research, of New York City. Among them are the following: *Mental Hygiene Problems of Childhood,* Bernard Glueck, M.D.; *Habit Training in Children,* Douglas A. Thom, M.D.; *Psychology of Personality Development,* W. I. Thomas, Ph.D.;

Behavior Psychology, John B. Watson, Ph.D.; and *Mental Hygiene: Its Personal and Social Aspects,* Frankwood E. Williams, M.D. The fall term at the New School opens on October 6. For further information, one should apply to the secretary, 465 West 23d Street, New York City.

BIOLOGICALLY SOUND IDEALISM

''The extent to which one can be true to the material foundations and yet true to a spiritual goal ultimately measures one's health and natural normality, and the value of our morality. *Nature shapes her aims according to her means.* Would that every man might realize this simple lesson and maxim—there would be less call for a rank and wanton hankering for relapses into archaic, but evidently not wholly outgrown, tendencies to the assumption of ''omnipotence of thought'', revived again from time to time as ''New Thought''. Psychiatry restores to science and to the practical mind the right to reinclude rationally and constructively what a narrower view of science had, for a time at least, handed over unconditionally to uncritical fancy. But the only way to make unnecessary astrology and phrenology and playing with mysticism and with Oliver Lodge's fancies of the revelation of his son, Raymond, is to recognize the true needs and yearnings of man and to show nature's real way of granting appetites and satisfactions that are wholesome. Hereby we have indeed a contribution to biologically sound idealism: a clearer understanding of how to blend fact and ambition, nature and ideal—an ability to think scientifically and practically and yet idealistically of matters of real life.''—Adolf Meyer, M.D., in *A Psychiatric Milestone.*

CURRENT BIBLIOGRAPHY *

April–June, 1924

Compiled by

DOROTHY E. MORRISON

The National Committee for Mental Hygiene

Anderson, V. V., M.D. Demonstration clinics conducted by the Division on the Prevention of Delinquency of the National Committee for Mental Hygiene; the first year's experience. American journal of psychiatry, April 1924, v. 3, p. 779–88.

Ballard, P. B. New examiner. London, Hodder, 1923. 270 p.

Bate, W. G. Our experience following a mental examination of school children. Indiana bulletin charities and correction, March 1924, p. 57–61.

Bates, Sanford. Care of defective delinquents at Bridgewater, Massachusetts. Mental hygiene, April 1924, v. 8, p. 530–34.

Baudouin, Charles. Psychoanalysis and aesthetics; trans. by Eden and Cedar Paul. N. Y., Dodd, 1924. 328 p.

Beginnings of mental testing. Training school bulletin, April 1924, v. 21, p. 28–29.

Bisch, L. E., M.D. When to suspect, and what to do with, the backward feebleminded or delinquent child. North Carolina Community progress, April 5, 1924, v. 5, p. 81, 84–85, 87–88.

Biscoe, M. B. Colorado plans State psychopathic hospital. Modern hospital, April 1924, v. 22, p. 367–70.

Blackader, A. D., M.D. Problem of the nervous child. Public health journal (Toronto), March 1924, v. 15, p. 97–105.

Bousfield, Paul. Homo-sexuality. New era, April 1924, v. 5, p. 51–55.

Bowen, A. L. Advantages of colonization for the insane and feebleminded. Modern hospital, May 1924, v. 22, p. 467–70.

Bradley, A. M. Training atypical children. Ungraded, April 1924, v. 9, p. 160–63.

Buckham, J. W. Personality and psychology; an analysis for practical use. N. Y., Doran, 1924. 202 p.

Buzzard, E. F., M.D. Traumatic neurasthenia. Mental hygiene, April 1924, v. 8, p. 425–37.

Chadwick, Mary. Inter-relation of education and neurosis. New era, April 1924, v. 5, p. 72–75.

Chapman, R. M. Control of sleeplessness. Reprint American journal of psychiatry, Feb. 1924, v. 3, p. 491–502.

Cole, R. H., M.D. Mental diseases: a textbook of psychiatry for medical students and practitioners. 3d ed. London, University press, 1924. 356 p.

Connecticut society for mental hygiene. Annual report, 1923. New Haven, 1924. 26 p. (Mental hygiene news, April 1924.)

Contributions of Freudism to psychology: a symposium by L. L. Thurstone, J. H. Leuba, K. S. Lashley and Joseph Jastrow. Psychological review, May 1924, v. 31, p. 175–218.

Courbon, Paul, M.D. Treatment of mental backwardness. Médecine (Paris), Feb. 1924, v. 5, p. 390.

Coxe, W. W. State laws relating to special classes for exceptional children in public schools of the United States. Ungraded, May 1924, v. 9, p. 182–87.

Davies, G. R., M.D. Neurotic child as seen at the mental clinics. Institution quarterly, Sept. 1923, v. 14, p. 10–11.

Development of mental health work in South Africa. British medical journal, May 3, 1924, p. 793.

Downey, J. E. Jung's "Psychological types" and will temperament patterns. Journal of abnormal psychology and social psychology, Jan.–March 1924, v. 18, p. 334–44.

Dresser, H. W. Psychology in theory and application. N. Y., Crowell, 1924. 745 p.

Dunn, M. E. History of social service work in the New York State hospitals. State hospital quarterly, May 1924, v. 9, p. 386–97.

Dunton, W. R., Jr., M.D. Address delivered at the opening of the New Assembly hall at Manhattan State hospital, December 15, 1923. Archives of occupational therapy, Feb. 1924, v. 3, p. 27-33.

Durgin, D. D., M.D. Modern conceptions in hospital psychiatric practice. Medical journal and record, April 16, 1924, v. 119, p. xcv-xcvi.

---

* This bibliography is uncritical and does not include articles or books of a technical or clinical nature.

Emerson, C. P., M.D. Prevention of mental disease. Indiana bulletin of charities and correction, March 1924, p. 17-20.

Foley, E. A. Pre-industrial value of occupational therapy in mental hospitals. Institution quarterly, Sept. 1923, v. 14, p. 34-36.

Foley, E. A. Value of athletics in mental hospitals. Institution quarterly, Sept. 1923, v. 14, p. 32-33.

Frank, I. F. The word association test. Military surgeon, May 1924, v. 54, p. 582-94.

Freud, Sigmund. Infantile genital organization of the libido: a supplement to the theory of sexuality. International journal of psychoanalysis, April 1924, v. 5, p. 125-29.

Fryer, Douglas. Significance of interest for vocational prognosis. Mental hygiene, April 1924, v. 8, p. 466-505.

Gates, G. S. Effect of an audience upon performance. Journal of abnormal psychology and social psychology, Jan.-March 1924, v. 18, p. 334-44.

Gesell, A. L., M.D. Why children are afraid; every parent should know the harmful effects of children's fears. Delineator, May 1924, p. 16, 82.

Green, G. H. The mind in action: a study of human interests. N. Y., Putnam, 1924. 237 p.

Haas, L. J. Men's occupational therapy work at Bloomingdale hospital. Modern hospital, April 1924, v. 22, p. 410-20.

Haas, L. J. Occupational therapy at Bloomingdale hospital, White Plains, N. Y. N. Y., Society of New York hospitals, 1924. 14 p.

Haas, L. J. Planning a men's occupational building for nervous and mental patients. Reprint: Modern hospital, May 1924, v. 22, p. 516-26.

Hall, M. L. Special class and industry. Training school bulletin, May 1924, v. 21, p. 33-39.

Hamilton, S. W., M.D. New pavilion for the physically ill patient at Elgin state hospital. Reprint: Modern hospital, April 1924, v. 22, p. 358-61.

Hamilton, S. W., M.D. Standardization. American journal of psychiatry, April 1924, v. 3, p. 809-16.

Hamilton, S. W., M.D. Veterans' bureau builds neuro-psychiatric and tuberculosis hospital at Tuskegee. Reprint: Modern hospital, May 1924, v. 22, p. 471-77.

Harding, Allan. Why queer people are queer. American magazine, May 1924, v. 97, p. 42-43, 142, 145, 146, 149, 150.

Herdman, R. T., M.D. Nervous stability of the school child. Medical officer, May 3, 1924, v. 31, p. 194-95.

Hopkins, C. D. Mental health survey—how and why. Institution quarterly, Dec. 1923, v. 14, p. 178-84.

Hughes, Robert, M.D. Problem of the mentally defective child. The Child, May 1924, v. 14, p. 225-29.

Illinois state training school of psychiatric nursing. Nation's health, April 1924, v. 6, p. 264-66.

International congress of mental hygiene. A new project; specimen pages of a larger document to be issued later by C. W. Beers. N. Y., 1924. 63 p.

Jackson, J. A., M.D. Use of the subconscious as an ally in education. N. E. A., Proceedings, 1923, p. 712-14.

Jackson, J. A., M.D. and H. V. Pike, M.D. An analysis of seven hundred cases of mental disorder and mental defect studied in a state hospital in the field. Journal of American medical association, April 5, 1924, v. 82, p. 1098-1103.

Jarrett, M. C. Factors in the mental health of boys of foreign parentage. U. S. Public health reports, April 25, 1924, v. 39, p. 862-83.

Jelliffe, S. E., M.D. Work of the New York Psychiatric society. Medical journal and record, April 16, 1924, v. 119, p. xcii-xciii.

Johnstone, E. R. Dear Robinson. Vineland, N. J., Training school, 1923. 139 p.

Jones, S. W. Standardization and hospitals. State hospital quarterly, May 1924, v. 9, p. 317-25.

Jung, C. G. Analytical psychology and education. New era, Oct. 1923, v. 4, p. 244-52.

Jung, C. G. Psychological types. New era, April 1924, v. 5, p. 63-71.

Kuhlmann, H. J. C., M.D. The child and its problems. Institution quarterly, Sept. 1923, v. 14, p. 75-78.

Laird, D. A. Industrial psychology of individual differences. Industrial management, Feb. 1924, v. 67, p. 71-77.

Leavitt, F. H., M.D. Essentials of neurological examination in children. Atlantic medical journal, May 1924, v. 27, p. 474-76.

Leslie, F. E., M.D. Mental hygiene. Texas state journal of medicine, March 1924, v. 19, p. 638.

Levy, D. M., M.D. The "habit clinic". Institution quarterly, Dec. 1923, v. 14, p. 173-77.

Levy, D. M., M.D. Method of determining the mental age during a physical examination. Archives of neurology and psychiatry, June 1924, v. 11, p. 669-73.

McCord, C. P., M.D. Need for scientific study of delinquent and problem children and provision for an adequate mental-hygiene program in the schools. Mental hygiene, April 1924, v. 8, p. 438-52.

McCord, C. P., M.D. Survey of the Albany county jail and penitentiary from social, physical and psychiatric viewpoints. Journal of criminal law and criminology, May 1924, v. 15, p. 42-67.

Martin, L. J. and Clare De Gruchy. Mental training for the pre-school child. San Francisco, Wagner-Harr, 1923. 108 p.

Maxfield, F. N. Salvage of the feebleminded. American review, May-June 1924, v. 2, p. 308-17.

Meagher, J. F. W., M.D. The child family relation: a psychosexual study. Medical journal and record, April 16, 1924, v. 119, p. lxxxviii-xcii.

Meagher, J. F. W., M.D. Commitment of the insane to institutions for treatment and custody. Long Island medical journal, May 1924, v. 18, p. 165-80.

Meagher, J. F. W., M.D. Study of masturbation and its reputed sequelæ. N. Y., Wood, 1924. 69 p.

Menninger, K. A., M.D. Mental effects of deafness. Psychoanalytic review, April 1924, v. 11, p. 144-55.

Milligan, J. W. Some things we have done for the insane. Indiana bulletin of charities and correction, March 1924, p. 4-6.

Mott, F. W., M.D. Psychology of adolescence. Journal of mental science, April 1924, v. 70, p. 199-208.

Munger, Elizabeth. Delinquency and the school. Ungraded, May 1924, v. 9, p. 173-82.

Myers, G. E., M.D. Mental disorders considered as maladjustment or broken adaptation to the environment. California and western medicine, April 1924, v. 22, p. 153-56.

Myrick, H. L. Methods employed in an experiment in advising a general social case-work agency on psychiatric social problems. Mental hygiene, April 1924, v. 8, p. 522-29.

Myrick, H. L. Social case work: its mental hygiene element. Springfield, Illinois, Department of public welfare, 1924. 11 p. Reprint: Institution quarterly, Dec. 1923, v. 14, p. 164-72.

Neal, T. A., M.D. Plea for saner methods in examing insanity suspects. Florida medical association journal, March 1924, v. 10, p. 237.

Northridge, W. L. Modern theories of the unconscious. London, Kegan, 1924. 194 p.

Perkins, N. L. Mental and moral problems of the woman probationer. Pacific coast journal of nursing, April, May 1924, v. 20, p. 216-23, 276-80. Also in Mental hygiene, April 1924, v. 8, p. 506-21.

Pfister, O. R. Love in children and its aberrations; a book for parents and teachers; trans. from German by Eden and Cedar Paul. N. Y., Dodd, 1924. 576 p.

Pierce, Bedford, M.D. Medical certificates in lunacy. The Lancet, April 12, 1924, v. 206, p. 755-56.

Pollock, H. M. Coöperation in state institution farming. State hospital quarterly, May 1924, v. 9, p. 345-50.

Pollock, H. M., and E. M. Furbush. Prohibition and alcoholic mental disease. Mental hygiene, April 1924, v. 8, p. 548-70.

Porteus, S. D. Discussion: Porteus tests and social inadequacy. Journal of abnormal psychology and social psychology, Jan.-March 1924, v. 18, p. 385-88.

Problem of eugenical sterilization in Sweden. Eugenics review, April 1924, v. 16, p. 49-54.

Raphael, Theophile, M.D., A. L. Jacoby, M.D., W. W. Harryman, M.D., and M. M. Raphael. Socio-psychiatric delinquency studies from the Psychopathic clinic of the Recorder's court, Detroit. American journal of psychiatry, April 1924, v. 3, p. 767-78. Also in Mental hygiene, April 1924, v. 8, p. 452-65.

Raymond, Alice. Placement and supervision of mental defectives in the community. Mental hygiene, April 1924, v. 8, p. 535-47.

Reilly, G. L. Psychiatry through the ages. Trained nurse and hospital review, March 1924, v. 72, p. 229-32.

Rhein, J. H. W., M.D. and F. A. Ebaugh, M.D. Affective disorders following acute epidemic encephalitis in children. American journal of psychiatry, April 1924, v. 3, p. 791-99.

Richards, E. L., M.D. Conservation of social energy. Hospital social service, May 1924, v. 9, p. 278-88.

Richmond, Winifred. Psychologist in the psychopathic hospital. Journal of abnormal psychology and social psychology, Jan.-March 1924, v. 18, p. 299-310.

Rivers, W. H. R., M.D. Medicine, magic and religion. N. Y., Harcourt, 1924. 147 p.

Robinson, V. P. Psychiatric social worker? The Survey, May 15, 1924, v. 52, p. 233-34.

Roubinovitch, J., M.D. Neuropsychiatry in pediatrics. Presse Médicale, March 29, 1924, v. 32, p. 281.

Seashore, C. E., M.D. Medicopsychologic survey of morons in Iowa. Reprint: Iowa state medical society journal, March 1924, v. 14, p. 110.

Shaw, F. C., M.D. Instincts and emotions. State hospital quarterly, May 1924, v. 9, p. 371-80.

Stearns, A. W., M.D. Note on the relation between group test score and capacity. Journal of abnormal psychology and social psychology, Jan.-March, 1924, v. 18, p. 369-74.

Stern, Adolph, M.D. On the countertransference in psychoanalysis. Psychoanalytic review, April 1924, v. 11, p. 166-74.

Strecker, E. A., M.D. Essentials of neuropsychiatric examination in children. Atlantic medical journal, May 1924, v. 27, p. 476-84.

Strecker, E. A., M.D. Mental hygiene and childhood. Weekly roster and medical digest (Phila.), May 1924.

Tasmania—Mental deficiency board. Abstract of report, 1922-1923. Ungraded, April 1924, v. 9, p. 149-57.

Terman, L. M. Conservation of talent. School and society. March 29, 1924.

Theobald, H. S. The law relating to lunacy. London, Stevens, 1924. 890 p.

Thom, D. A., M.D. Relation between infantile convulsions and the chronic convulsive disorders of later life. Archives of neurology and psychiatry, June 1924, v. 11, p. 664-68.

Thomson, John, M.D. Mental defect in early childhood. The Lancet, March 22, 1924, v. 207, p. 611-12.

Thorndike, E. L. Measurement of intelligence. Psychological review, May 1924, v. 31, p. 219-52.

Tjaden, J. C. Causes of delinquency in boys of superior intelligence. Iowa bulletin state institutions, Oct. 1923, v. 25, p. 245-331.

Travis, L. E. Mental conflicts as the cause of bad spelling and poor writing. Psychoanalytic review, April 1924, v. 11, p. 175-80.

Uyeno, Yoichi. Present status of industrial psychology in Japan. Psychological bulletin, April 1924, v. 21, p. 225-26.

Warnock, John, M.D. Twenty-eight years' lunacy experience in Egypt, 1895-1923. Journal of mental science. April 1924, v. 70, p. 233-61. (To be cont.)

Wentworth, M. M. Two hundred cases of dementia praecox tested by the Stanford revision. Journal of abnormal psychology and social psychology, Jan.-March 1924, v. 18, p. 378-84.

White, D. R. Do the insane require the same nursing care as the sane? Pacific coast journal of nursing, May 1924, v. 20, p. 285-86.

White, W. A., M.D. Saint Elizabeth's Hospital. N. Y., Elliott, 1924. 10 p. Reprint: Medical journal and record, April 16, 1924, v. 119, p. 416-19.

Wile, I. S., M.D. Volcanic years. The Survey, June 1, 1924, v. 52, p. 304-09, 328.

Willey, M. M. Sleep as an escape mechanism. Psychoanalytic review, April 1924, v. 11, p. 181-83.

Williams, F. E., M.D. Modern community organization for mental health. Indiana bulletin of charities and correction, March 1924, p. 20-25.

Williams, F. E., M.D. Recent advances in the field of human behavior. Indiana bulletin of charities and correction, March 1924, p. 51-57.

Winkler, C. Organization of medical education in psychiatry and neurology at the Dutch universities with special reference to the Neuro-psychiatric clinic at Utrecht university. Journal of mental science, April 1924, v. 70, p. 179-98.

Woolley, H. T. Standards of ability in children in the public schools and education adapted to those standards. Indiana bulletin of charities and correction, March 1924, p. 30-35.

Wright, G. J. Some observations on the treatment of the psychoneuroses. American journal of psychiatry, April 1924, v. 3, p. 757-66.

Yepsen, L. N. Suggestions for the classification of defective children in correctional institutions. Training school bulletin, March 1924, v. 21, p. 1-7.

Younger, E. G., M.D. Insanity in every day practice. 5th ed. rev. London, Bailliere, 1924. 134 p.

DIRECTORY OF COMMITTEES AND SOCIETIES FOR MENTAL HYGIENE

National Organizations

The National Committee for Mental Hygiene, Inc.
370 Seventh Avenue, New York City
Dr. Frankwood E. Williams, Medical Director
Dr. Clarence J. D'Alton, Acting Director, Division on Prevention of Delinquency
Dr. Thomas H. Haines, Director, Division on Mental Deficiency
Edith M. Furbush, Director, Department of Information and Statistics
Dr. Clarence J. D'Alton, Exec. Assistant
Clifford W. Beers, Secretary

The Canadian National Committee for Mental Hygiene
102 College Street, Toronto, Canada
Dr. C. M. Hincks, Acting Medical Director and Secretary
Dr. Gordon S. Mundie, Associate Medical Director
Dr. Eric Kent Clarke, Associate Medical Director
Dr. J. G. McKay, Associate Medical Director

State Organizations

Alabama Society for Mental Hygiene
Dr. W. D. Partlow, Secretary, Tuscaloosa, Alabama

California Society for Mental Hygiene
Miss Julia George, Secretary
1136 Eddy Street, San Francisco, Cal.

Connecticut Society for Mental Hygiene
Dr. O. G. Wiedman, Medical Director
179 Allyn Street, Hartford, Conn.

Mrs. Helen M. Ireland, Secretary
39 Church Street, New Haven, Conn.

District of Columbia Society for Mental Hygiene
Dr. D. Percy Hickling, Secretary
1304 Rhode Island Avenue, Washington, D. C.

Georgia Society for Mental Hygiene
Burr Blackburn, Secretary
62½ No. Forsythe Street, Atlanta, Ga.

Illinois Society for Mental Hygiene
308 N. Michigan Avenue, Chicago, Ill.
Dr. H. Douglas Singer, Acting Medical Director

Indiana Society for Mental Hygiene
Paul L. Kirby, Secretary
88 Baldwin Block, Indianapolis, Ind.

Iowa Society for Mental Hygiene
(Not yet active.)

Kansas Society for Mental Hygiene
Mrs. C. F. Menninger, Exec. Secretary
Mulvane Building, Topeka, Kansas

Louisiana Society for Mental Hygiene
Dr. Maud Loeber, Secretary
3501 Prytania Street, New Orleans, La.

Mental Hygiene Society of Maryland
31 So. Calvert Street, Baltimore, Md.
Dr. Chas. B. Thompson, Exec. Secretary

Massachusetts Society for Mental Hygiene
5 Joy Street, Boston, Mass.
Dr. George K. Pratt, Medical Director

Maine Society for Mental Hygiene
In process of organization. Address Dr. F. C. Tyson, Augusta, Maine

Mississippi Society for Mental Hygiene
Dr. J. H. Fox, Secretary
Jackson, Mississippi

Missouri Society for Mental Hygiene
Dr. James F. McFadden, Secretary
Humboldt Building, St. Louis, Mo.

Committee on Mental Hygiene of the New York State Charities Aid Association
105 East 22d Street, New York City
George A. Hastings, Exec. Secretary

North Carolina Society for Mental Hygiene
Dr. Albert Anderson, Secretary
Raleigh, N. C.

Ohio Mental Hygiene Committee
R. E. Miles, Secretary
Ontario Building, Columbus, O.

Oregon Society for Mental Hygiene
Dr. J. B. Wise, President
Portland, Oregon

Mental Hygiene Division of the Public Charities Association of Pennsylvania
311 South Juniper Street, Philadelphia, Pa.
Dr. A. J. Ostheimer, Medical Director

Rhode Island Society for Mental Hygiene
Miss Mary C. Greene, Secretary
Miss Esther F. Greene, Exec. Secretary
118 No. Main Street, Providence, R. I.

Tennessee Society for Mental Hygiene
C. C. Menzler, Secretary
Nashville, Tenn.

Virginia Society for Mental Hygiene
Dr. William F. Drewry
Petersburg, Virginia

Members and Directors

of

THE NATIONAL COMMITTEE FOR MENTAL HYGIENE, INC.

(Directors indicated by asterisks before their names.)

Mrs. Milo M. Acker, Hornell, N. Y.
Jane Addams, Chicago
Dr. Herman M. Adler, Chicago
*Edwin A. Alderman, Charlottesville, Va.
*James L. Alexander, Elizabeth, N. J.
*Frederic W. Allen, New York
Dr. George S. Amsden, Albany
James R. Angell, New Haven
Harriet Bailey, Bangor, Me.
*Otto T. Bannard, New York
*Dr. Lewellys F. Barker, Baltimore
Dr. Albert M. Barrett, Ann Arbor, Mich.
David P. Barrows, Berkeley, Cal.
Dr. Clara Barrus, Roxbury, N. Y.
Dr. Charles Bernstein, Rome, N. Y.
*Dr. Frank Billings, Chicago
*Dr. Robert H. Bishop, Cleveland
Dr. Malcolm A. Bliss, St. Louis
Mrs. John W. Blodgett, Grand Rapids, Mich.
Dr. Rupert Blue, Washington
*Dr. George Blumer, New Haven
Dr. George Alder Blumer, Providence
Dr. Earl D. Bond, Philadelphia
Dr. Eugene D. Bondurant, Mobile, Ala.
Dr. L. Vernon Briggs, Boston
Carl C. Brigham, Princeton
Dr. A. A. Brill, New York
*Dr. Samuel A. Brown, New York
Dr. Sanger Brown, II, New York
Dr. Edward N. Brush, Baltimore
William H. Burnham, Worcester
Nicholas Murray Butler, New York
*Dr. C. Macfie Campbell, Boston
John J. Carty, New York
Dr. Louis Casamajor, New York
Elizabeth M. Chace, Providence
F. Stuart Chapin, Minneapolis
*Russell H. Chittenden, New Haven
Dr. Edmund A. Christian, Pontiac, Mich.
*Dr. L. Pierce Clark, New York
*Dr. William B. Coley, New York
*Dr. Owen Copp, Philadelphia
Dr. George W. Crile, Cleveland
Nelson Cunliff, St. Louis
Dr. Harvey Cushing, Boston
*Dr. Charles L. Dana, New York
*C. B. Davenport, Cold Spring Harbor
Maurice R. Davie, New Haven
Dr. George Donohoe, Cherokee, Iowa
*Stephen P. Duggan, New York
Mrs. William F. Dummer, Chicago
Dr. David L. Edsall, Boston
*Charles W. Eliot, Cambridge
*Dr. Charles P. Emerson, Indianapolis
*Dr. Haven Emerson, New York
Dr. Livingston Farrand, Ithaca
Elizabeth E. Farrell, New York
W. H. P. Faunce, Providence
Katherine S. Felton, San Francisco
*Dr. Walter E. Fernald, Waverley, Mass.
John H. Finley, New York
Dr. J. M. T. Finney, Baltimore
Irving Fisher, New Haven
*Matthew C. Fleming, New York
*Homer Folks, New York
Raymond B. Fosdick, New York
Lee K. Frankel, New York
Dr. Charles H. Frazier, Philadelphia
Francis D. Gallatin, New York
*Dr. Arnold L. Gesell, New Haven
Dr. Bernard Glueck, New York
Dr. J. E. Goldthwait, Boston
Dr. S. S. Goldwater, New York
Dr. Menas S. Gregory, New York
Arthur T. Hadley, New Haven
Melvin Everett Haggerty, Minneapolis
Dr. Arthur S. Hamilton, Minneapolis
Learned Hand, New York
Mrs. E. Henry Harriman, New York
*Dr. C. Floyd Haviland, Albany
Dr. Harley A. Haynes, Lapeer, Mich.
Dr. William Healy, Boston
Dr. Arthur P. Herring, Baltimore
Frederick C. Hicks, Cincinnati
Charles W. Hoffman, Cincinnati
*William J. Hoggson, Greenwich, Conn.
Franklin C. Hoyt, New York
Dr. Frank F. Hutchins, Indianapolis
Surg. Gen. M. W. Ireland, Washington
Henry James, New York
*Dr. Walter B. James, New York
Mrs. Helen Hartley Jenkins, New York
Charles H. Judd, Chicago
Harry Pratt Judson, Chicago
Dr. Charles G. Kerley, New York
Everett Kimball, Northampton, Mass.
*Dr. George H. Kirby, New York
Franklin B. Kirkbride, New York
James H. Kirkland, Nashville
Dr. George M. Kline, Boston
Dr. Augustus S. Knight, Gladstone, N. J.

Dr. Charles I. Lambert, New York
Julia C. Lathrop, Rockford, Ill.
Burdette G. Lewis, Trenton, N. J.
Adolph Lewisohn, New York
Sam A. Lewisohn, New York
Ernest H. Lindley, Lawrence, Kansas
*Samuel McCune Lindsay, New York
Dr. Charles S. Little, Thiells, N. Y.
Dr. William F. Lorenz, Madison, Wis.
Emma O. Lundberg, Washington
Tracy W. McGregor, Detroit
George P. McLean, Simsbury, Conn.
Henry N. MacCracken, Poughkeepsie, N. Y.
Dr. Carlos F. MacDonald, New York
V. Everit Macy, Scarborough, N. Y.
Richard I. Manning, Columbia, S. C.
Marcus M. Marks, New York
Maude E. Miner, New York
Dr. Henry W. Mitchell, Warren, Pa.
Dr. George A. Moleen, Denver
Mrs. William S. Monroe, Chicago
Dwight W. Morrow, Englewood, N. J.
Dr. J. M. Murdoch, Polk, Pa.
J. Prentice Murphy, Philadelphia
Dr. Abraham Myerson, Boston
William A. Neilson, Northampton, Mass.
Dr. Frank P. Norbury, Springfield, Ill.
Dr. Samuel T. Orton, Iowa City
William Church Osborn, New York
Harry V. Osborne, Newark, N. J.
Dr. Herman Ostrander, Kalamazoo, Mich.
Dr. William H. Park, New York
Herbert C. Parsons, Boston
*Dr. Stewart Paton, Princeton
Angelo Patri, New York
Dr. Hugh T. Patrick, Chicago
Dr. Frederick Peterson, New York
Henry Phipps, New York
Gifford Pinchot, Philadelphia
Roscoe Pound, Cambridge
Dr. Morton Prince, Boston
Rodney Procter, New York
Charles McAlpine Pyle, New York
Dr. M. P. Ravenel, Columbia, Mo.
Dr. Mortimer W. Rayner, New York
Rush Rhees, Rochester, N. Y.
Dr. Robert L. Richards, San Francisco, Cal.
Dr. Austen F. Riggs, Stockbridge, Mass.
Dr. Milton J. Rosenau, Boston
Ira C. Rothgerber, Denver
*Dr. Arthur H. Ruggles, Providence
*Mrs. Charles C. Rumsey, Wheatley Hills
*Dr. William L. Russell, White Plains
*Dr. Bernard Sachs, New York
*Dr. Thomas W. Salmon, New York
Dr. William C. Sandy, Harrisburg
Jacob Gould Schurman, Ithaca
Dr. Sidney I. Schwab, St. Louis
Carl E. Seashore, Iowa City
Dr. Frederick C. Shattuck, Boston
Edward W. Sheldon, New York
Dr. H. Douglas Singer, Chicago
Dr. Harry C. Solomon, Boston
Dr. Edith R. Spaulding, New York
Dr. M. Allen Starr, New York
Dr. A. Warren Stearns, Boston
Dr. Henry R. Stedman, Boston
*Anson Phelps Stokes, Lenox, Mass.
Dr. Charles F. Stokes, New York
Graham R. Taylor, New York
Dr. Douglas A. Thom, Boston
Dr. Frederick Tilney, New York
Dr. Walter Timme, New York
Arthur W. Towne, New York
*Howard B. Tuttle, Naugatuck, Conn.
*Victor Morris Tyler, New Haven
Dr. Forrest C. Tyson, Augusta, Me.
*Mrs. William K. Vanderbilt, New York
Henry van Dyke, Princeton
Dr. Henry P. Walcott, Cambridge
Lillian D. Wald, New York
Dr. George L. Wallace, Wrentham, Mass.
Clarence Warden, Philadelphia
I. Vernon Weisbrod, New York
*Dr. William H. Welch, Baltimore
*Dr. William A. White, Washington
Dr. Ray Lyman Wilbur, Stanford, Cal.
Dr. Henry Smith Williams, New York
Dr. William H. Wilmer, Washington
Dr. C.-E. A. Winslow, New Haven
Dr. Milton C. Winternitz, New Haven
Arthur Woods, New York
Robert A. Woods, Boston
Mrs. Helen Woolley, Detroit
Howell Wright, Cleveland
*Robert M. Yerkes, Washington
Dr. Edwin G. Zabriskie, New York

MENTAL HYGIENE

VOL. VIII OCTOBER, 1924 No. 4

PSYCHIATRIC TREATMENT AND PROBATION*

BERNARD GLUECK, M.D.
New York City

IT SHOULD be counted distinctly in favor of the idea of probation that none of the opposition that this movement has had to encounter has ever come from those who have been actively interested in the introduction of more understanding and of a more meliorative purpose into the processes of the criminal law. From the very first, this movement was able to count among its staunchest supporters those members of the medical profession whose interest in problems of human behavior brought them into close contact with the problem of crime.

Indeed, many of us in the medical profession have looked upon the probation movement as the bridge over which the idealism and the scientific spirit of modern medicine and modern social work might be carried into the dark recesses of the traditional processes of the criminal law, for, unlike those processes, the probation process does imply a clearly defined meliorative aim. We owe it in large measure to the philosophy of the probation movement and to the men and women who have been laboring in it that the subjects of psychology and psychiatry are given a prominent place wherever workers in the field of criminology come together for serious deliberation over their common problems.

This is as it should be, since psychology is, in the last analysis, the only dependable key to the solution of the problems of personality and of human behavior. Criminology, notwithstanding the fact that the major preoccupations in this field still reflect a kind of "impersonal" enterprise, is after all a discipline that has as its main objective the solution of an important problem in personality and human behavior. Here and there one meets with the vision and opportunity necessary for keeping this central objective in the foreground. Not only do law-enforcement agencies reflect a growing willingness to humanize and socialize their processes, but more and more of the energies and budgets of these agencies are being devoted to preventive measures and to the kind of meliorative enterprises that have the reconstruction of the individual offender in view.

---

* Read before the Seventeenth Annual Conference of the National Probation Association, Washington, D. C., May, 1923.

These progressive tendencies must inevitably bring about a closer intimacy between the sciences of human life, particularly those devoted to the problems of thinking, feeling, and acting, and the science of criminology. Moreover, as the workers in the two fields become better acquainted with one another, a good deal of the original misunderstanding—and shall I say mistrust?—that made proper contacts difficult and even impossible is rapidly disappearing. There is no particular point in rehearsing the reasons for the various misunderstandings between the two camps, but the clearing of the atmosphere was made possible to no small extent through an ever-increasing first-hand acquaintance on the part of workers in the field of criminology with the technique and principles of the sciences that deal with human behavior, and by these workers I mean particularly the probation workers. It is an encouraging sign of the times that the impetus for a reëstimation of the philosophy and technique of criminal procedure is coming more and more from within, from the rank and file of the workers in this field.

Neither is it necessary to dwell here upon the real importance for criminology of this changing attitude on the part of its rank and file, reflecting as it does a growing realization that the central aim of their enterprise is "the reshaping and reconstruction of human lives".

From the point of view of the psychologist and the psychiatrist, this changing attitude has a further significance.

It enables us to rid ourselves of the necessity for diverting considerable thought and energy into the service of propaganda, thus making possible a more thoroughgoing scientific impartiality when we come together for the discussion of our common problems. If the sciences of human behavior have not as yet fairly established their claim to be of service in the field of criminology, this is certainly not the place for the necessary propaganda.

I am inclined to think that this paper might more profitably be devoted to a rock-bottom, open-minded discussion of the status of criminology, and of how the sciences that deal with human behavior might assist in an improvement of this status. In putting the matter in this fashion I am at once exposing myself to the criticism that I am assuming that the present-day situation of criminology needs improvement. In spite of the progressive spirit in this field of endeavor, there are those among its workers, not a few in number, who deny that a change is needed. Not a little of the suspiciousness and irritation already alluded to—a reaction ordinarily provoked in the ranks of established officialdom by reform movements of one sort or another—is based upon the comforting feeling that such people have come to entertain that all's well in this field. The annual gatherings of serious-minded workers in this field, for the discussion of a way out of the various dilemmas that beset society's endeavors to solve its problems of crime, sufficiently refutes this comforting and narcotizing contention.

It is not necessary, therefore, for us to undertake here to prove that all is not well in this field. What we are concerned with is an attempt to discover and define the obstacles to progress that beset our tasks and to determine, if possible, to what extent these obstacles can be eliminated.

Since I am speaking from the point of view of the physician, I may be privileged to draw certain comparisons between the field of medicine and that of criminology. The history of medicine reflects numerous instances of struggle and conflict in its upward march which are not unlike those met with in the field of criminology. Aside from the obstacles to progress that arose from the conflicting claims between various so-called "schools of medicine", ignorance, prejudice, and special privilege, familiar enough ghosts in the field of criminology, had to be overcome before mankind's efforts to rid itself of the evil and misery of disease were crowned with some measure of success. Even to-day there exists considerable opposition from certain quarters to such disease-preventing measures as vaccination and immunization. But somehow one after another of these obstacles to progress is being eliminated and disease is being conquered to an ever-greater extent.

The first question we might put to ourselves is: "What principles of procedure are making possible the conquest of disease, and to what extent might similar principles be applied to the conquest of crime?" The immediate difficulty that confronts us here is of course the fact that the problem of crime is not identical with the problems of disease. In the conquest of disease, one of the outstanding elements that made for success was man's desire for health and his natural tendency to avoid personal suffering. But it is also true that in the campaign against disease as a social menace, some of the most noteworthy achievements were made possible not because of the coöperation of the individual citizen, willing to make personal sacrifices for the common good, but in spite of his rebellion against the restrictions imposed upon him by the various regulations and police powers of the health authorities. How many people suffering from communicable diseases would quarantine themselves of their own accord and without external compulsion? From the point of view of public security, the dissimilarities between the problems of disease and those of crime are not so great as would appear on the surface. We have placed the two side by side in our present discussion because the medical sciences are coming to play an ever-increasing rôle in the field of criminology and a comparison is justified between the achievements of these sciences in their own field and the situation that confronts us in the field of criminology.

If I were asked to name some of the elements that have contributed to the relatively greater success of medicine, I would unhesitatingly put first of all "clarity of purpose".

The medical sciences have never compromised with the principle that disease is an enemy of mankind and is to be eradicated. The energies of these sciences have been single-mindedly devoted to the discovery and eradication of this enemy. Medicine has refused to view its problems as something insoluble and the evil of disease as the inevitable lot of mankind.

Having clearly defined its objectives, it is devoting its energies to the discovery and perfection of a technique for their attainment. Like any other human enterprise worth pursuing, medicine has endeavored to face and deal with realities, and one of these is the fact that progress is not made possible through merely lamenting over an unfortunate situation or merely wishing for a solution. For the achievement of anything worth achieving a workable technique is needed. Finally medicine was assisted to a very large extent in its progress through the cultivation and maintenance of a well-organized and informed public sentiment in favor of the eradication of the enemies to health.

The conquest of disease, being to such a very large extent a conquest of certain inimical elements of man's physical environment, is free from those serious obstacles which one inevitably encounters in dealing with situations in which the element of "human nature", in its psychological and social implication, plays the central or important rôle. In the pursuit of the enemies of health man can afford to be dispassionate and unbiased, an attitude that for very real reasons it seems to be difficult to maintain in dealing with the criminal.

But clarity of purpose, a workable technique, and the backing of an enlightened public opinion are indispensable conditions for progress in the field of medicine. It should be added that aside from the natural tendency of man to boast of his successes and to conceal his failures—a tendency from which the medical man is free only to the extent that he has achieved an honestly scientific impartiality—the medical sciences have shown a noteworthy capacity to profit by their mistakes.

Now let us look for a moment at the situation in these respects in the field of criminology. Difficult as it may be for us to achieve the required degree of impartiality and freedom from bias, it is essential that we strive to approach the question with this attitude if we are to see it clearly.

First as regards "clarity of purpose". It certainly would expose one to serious criticism, if not sheer ridicule, to express a doubt as to society's purpose in dealing with the problem of crime. To the average citizen the matter is simple enough. What he expects of the law-enforcement agencies is, first of all, security to life and property. In his reflective moments, and particularly if such indulgence does not seriously conflict with his bread life or his love life, he is willing enough to concern himself with the ordinarily remote question of "absolute justice", if this question happens to be formally brought to his attention. But it is doubtful whether the average citizen would be willing to pay taxes in support of a machinery whose sole objective was the defense of the notion of "justice in human relationships". Witness the reaction to the mere tentative approaches to this problem recently made by the Church, the inference plainly being that if the Church is going actually to busy itself with the question of "justice" beyond merely preaching it, it cannot have our support. But the average citizen does expect to see reflected in the machinery of the law a kind of practical interpretation of justice which will give him security of life and property.

But even if one were to accept this thoroughly selfish and simple conception of society's "purpose" in dealing with the problem of crime, it still lacks the necessary degree of clarity indispensable for the successful pursuit of it.

In the first place, one stumbles against the disturbing element of "selectiveness" in society's dealing with the problem of crime. In a democracy such as ours, with freedom of speech and a lusty public press, the evidence must be overwhelming to the average man that society seems to devote its interest and energies to the combating of certain crimes only. At others, no less inimical to life and property than the burglar's jimmy, though perhaps not as direct in their effects, we seem to wink complacently, just so long as we are able to rationalize our attitude and to find support for it in the doctrine of some higher authority. Moreover, even in the matter of such crimes as are by common consent inimical to life and property, the pursuit of the enemy is not always expressive of a "community of purpose". Frequently enough, to carry out single-mindedly the attack on the enemy is apt to prove disadvantageous to some one or other interested party or organization or individual in the body politic.

Take, for instance, the publicly recognized and protected value of the traffic in narcotics. One cannot impute a "community of purpose" for the eradication of the disease, misery, and crime for which narcotics are responsible to a civilization that reports in its official documents the annual gains from the traffic in these health- and life-destroying drugs.

In many other respects our civilization reflects purposes and values that must make it clear that back of our huge and costly machinery of the law there is no "clarity of purpose"; certainly the agencies of this machinery do not have the backing of the kind of public sentiment that reflects a "community of purpose". The public that is primarily interested in the solution of the problem of crime is comprised of the individuals who are actually engaged in the task of combating crime, of those who are the victims of the depredations of the criminal, and of the criminal elements themselves. If the progress of medicine depended on a similarly restricted interest, its difficulties would be just as insurmountable as some of the difficulties in the field of criminology are said to be. On the contrary, it is possible to mobilize a unified public opinion back of a public-health program.

Another significant difference in the two fields of human endeavor relates to the question of technique. To state this situation boldly, it is necessary to keep in mind that the idea that workers in the field of criminology ought to be trained for their task is of relatively recent origin and not at all generally accepted even to-day. The fact that the police officer is given a course of training for his duties, that prosecutors and judges are ordinarily well-trained lawyers, and that prison guards should know, among other things, how to handle a weapon, does not alter the situation. Aside from the fact that in so far as these public functionaries do contribute to the solution of the problem of crime, their successes depend more upon their personal endowments than upon any formal training for their respective duties, the tasks of these officials are of only incidental importance in the solution of the problem of crime. No one who has attempted to assist an offender to a personal rehabilitation will for a moment entertain the notion that crime detection and the administration of justice, though absolutely indispensable for making life possible in a community, have anything necessarily to do with the real task of solving the problem of crime. It is precisely our tendency to see in the orderly pursuit of the processes of the law something expressive of a consciously evolved technique for the eradication of the evil of crime that retards progress in our field. In no other field of human endeavor is there reflected such a thorough lack of coördination between various individual processes presumably devoted to a common end as in the field of criminology. It is inevitable, with conditions as they are, that each of these processes should gradually assume a degree of independence, with justifications of its own for its independent existence, so that in time the thing that was merely a means to an end becomes an end in itself. Thus crime detection, the administration of justice, prison management, and so forth, come to include individual conceptions of their particular tasks, irrespective of the rôle each separate task might play in the general scheme for handling the problem of crime.

I am not particularly concerned here with the purpose of justifying the condemnatory attitude reflected in the above remarks, but this I believe to be true, that the sole hope for criminology lies in those of its processes which are still in the formative period and have not as yet become structuralized into systems that, because of their established status, have to be defended at all costs. Among these formative processes is the process of probation; also, the really noteworthy experiments in courts for adults which have received their impetus from the ideas back of the modern juvenile court. Less and less do these newer enterprises concern themselves with the backward-looking purpose of justifying traditional ways of doing things; their energies are increasingly devoted to the testing of a less formalized procedure.

What does this lessening faith in the traditional ways of dealing with the problem of crime mean? It means, first of all, a genuine willingness to acknowledge that there is something still to be learned about methods of dealing with the offender. It opens the way for experiment, bringing criminology more in line with scientific procedure. Moreover, it carries with it the possibility of defining the real purpose of criminology, not as an enterprise for satisfying certain demands of criminal procedure, but as a medium for the solution of the problem of crime.

It is difficult to define clearly the forces that are maintaining this progressive spirit in criminology, but one of those forces undoubtedly is the ever greater injection into this field of the notion and spirit of "social service". In spite of the ineradicable tendency of man to react almost instinctively with hatred and vengeance to the individual who wronged him, "social service" as a principle in criminolgy is more and more able to interpose between the wrongdoer and the anger of the aggrieved and substitute, for the wholly destructive and futile end of satisfying some one's desire for vengeance, the constructive purpose of curing the offender of the evil tendency to crime.

It may be said that a similar purpose actuates the established machinery for the administration of the criminal law. But if this is so, the manner of its expression of this purpose has not made for success in the past. The criminal problem is not kept alive by the occasional offense of a first offender, but by an ever-increasing element in our population who seem to have accepted criminal behavior as a life career. It is these individuals, many of whom have had repeated contact with the established machinery of the law, who attest to the utter failure of these processes to affect fundamentally the problem of crime.

Is this failure inevitable, and if so, what are the reasons that make for its inevitability?

The answer to these questions is not as yet at hand. Certainly it is not in the actual field of criminology, as traditionally defined, that the facts are to be sought that might make an answer possible. How can we find the answer there when we encounter such great difficulty in discovering in the record of society's past methods of dealing with the problem of crime any indication of a clear and sustained purpose to solve this problem? We have explained away our failures in the past by endowing the offender with certain ineradicable and vicious qualities of personality which quite accounted for his failure to be reformed by our efforts. At the same time, practically all our energies and our conscious or unconscious purposes in the management of the problem were steeped in a destructive and un-Christian vindictiveness, and reflected almost solely the childishly idealized objective of vindicating the processes of the law.

Then came the probation movement in criminology. Here at last was a process of the criminal law whose performance could be subjected to a careful accounting, and whose efficiency could be tested by its effects in influencing the behavior of the offender against the law. It had neither the desire nor the opportunity, had it chosen to do so, to imitate the sham and empty pretensions of the traditional processes of the criminal law, since its aims were clearly constructive and forward-looking in nature, and it was not required to waste either time or energy in the futile effort to settle a score, or in the vindication of the abstract principles of an impersonal system of law.

Particularly promising were its possibilities in the field of juvenile delinquency. Here, at last, was a chance to introduce into the machinery that society had created for the safeguarding of itself against the dangers of its wrong-doing children the meliorative process of understanding and treatment in place of mere hitting back. Our hopes were based, in part at least, upon the growing conviction, gained from the study of the life careers of adult offenders, that the purely repressive methods used in the early management of these individuals evidently failed to produce the desired results, and that in some instances there was sufficient evidence to justify the belief that such methods served to intensify the tendency to misconduct.

With the advent of the principle of probation, the criminal process, at least in so far as it affected children, was to be conceived of as an instrument for bringing about a better relationship between the erring child and its environment through a careful study of the causes for its misconduct and through the provision of the necessary means for dealing with those causes. I am speaking from the point of view of the physician, although in my own case the best part of almost fourteen years has been devoted to medical issues in the field of criminology. To the physician, the philosophy and objectives of the process of probation appear altogether logical and practicable.

A man is arrested for the commission of a crime. Very well. Here is a bit of pernicious human behavior which demands our deliberate attention for the safeguarding of life and property.

We have learned from sad experience in the past that the surest way for any community to gain security of life and property is through attention to the health of body and mind, in the broadest sense of the term, of its citizenry. Our first question, therefore, in this new order of things, will be "What is the matter with this man who has thus violated the rules of the game?" The moment we inject this query into the problem in place of the traditional question, "What is the precise law that he has violated and what the penalty thereof?" we have taken the first step in scientific procedure. We are approaching the problem of this erring individual in an unbiased fashion; we aim to be objective and free from prejudice and emotional preferences. We will get the facts, weigh them carefully, and on the basis of these findings will institute the necessary measures for the correction of the individual and for the safeguarding of the community.

For is not this the very essence of the probation process, rightly conceived? We will study our offender from the point of view of his hereditary background, his physical make-up, the organization of his energies, the intellectual equipment at his disposal in the service of adaptation to the demands of life. We will endeavor to discover what modification in his innate equipment has been brought about by deliberate training and education, good or bad, and by the various life experiences with which he has come in contact. We will endeavor, furthermore, to discover what purposes our man has cultivated, and what means he has come to find attractive for the pursuit of his ends. Is he perhaps burdened by handicaps of a physical or mental or moral nature, and are these handicaps permanent or remediable? We will honestly search for whatever assets he may have that might be utilized in the correction of his conduct.

We will say to him, "Look here, old man, we cannot tolerate this kind of conduct on your part. We are not interested primarily in the salvation of your soul, but your conduct here and now is a menace to the rest of us. Let us get together and find out what makes you act in this manner."

Now this type of procedure may not always answer our query as to what is the matter with this man, but it has the great merit of making it possible for us to do an honest job as probation workers in connection with the problem of crime.

Moreover, this, in a general way, is the procedure that the physician must rely upon if he aims at success in dealing with problems in human behavior. I am not speaking here of a psychiatric procedure which is limited to a determination of whether a man is defective or insane, or to what degree he may be responsible for a criminal act. These issues are relatively infrequent in the practice of the psychiatrist who is devoting himself to the more general problems of human maladjustment and misconduct. I am referring to the minimum, indispensable procedure in any attempt to understand thoroughly another human being, and assuredly we should not make our plans for dealing with the offender without an honest attempt to understand him. This is the first step in the process of probation, if I understand the process correctly, and it is precisely upon this purpose—to understand the offender before attacking his problem—that our great faith in the process of probation rests.

With this conception of the nature of probation, it was not strange that its advent into the field of criminology should have raised high hopes of a new deal and of a more promising solution. Certainly, where it concerned children, this new principle of procedure brought the first ray of hope into the field of criminology.

For the sake of the children we will permit none of the old, discouraging, and sometimes vicious compromises that contributed so much to the failure of the old order. We will avoid as far as possible the heavy hand of blind force and will endeavor to wean these youngsters from a path of evil through sympathetic understanding and guidance.

Now what has been said thus far should logically lead up to an attempt to estimate, so far as it is possible to do so, what probation as a social process has actually accomplished. Was all this but a beautiful dream, or have our hopes really been justified by the event? It is still very difficult, indeed quite impossible, to give a decisive answer to this question. Most regrettable is the fact that, so far as my knowledge goes, at any rate, there is nowhere at work a dependable system of accounting which eventually might give a reliable answer to the above question. When I turn to current reports of probation departments, I am more apt to be confronted by columns of figures than by any deliberate attempts to estimate the process of probation as an influence in shaping human attitudes and human behavior. And I know that many a probation officer could tell a tale of human regeneration to which he contributed a good deal as a probation officer. Some years ago I expressed myself to the effect that probation offered more toward the reconstruction of the offender than any other process of the criminal law, and I still see no reason for changing the opinion then expressed. But, in common with other friends of probation, I am deeply concerned over the fact that this process is becoming increasingly identified with the older traditional processes of the criminal law, instead of, as we had hoped, cultivating a distinct trend in the opposite direction. As friends of probation, we are distressed over what seems to us to be a wholly unpardonable series of compromises which must eventually lead to the kind of mechanization with which we are familiar in other branches of the criminal law.

Take, for instance, the fiction of "first offender" as a determinant of who should and who should not be placed on probation. Subjected to such conditions of work, is it any wonder that probation should furnish ammunition to the camp of its enemies? Or take the more obvious stumbling-blocks to successful performance involved in the fact that the average probation officer must look after three or more times as many people as any giant of a man could possibly care for adequately. These conditions are bound to give a black eye to the process that theoretically fully deserves our faith.

There are many more subtle elements at work in probation that account for much of the failure that is attributed to this process and for which neither the process nor the many earnest men and women who are devoting their lives to this work can in any way be held responsible. The status of the probation officer in the machinery of the criminal law is often such as to preclude the possibility of a kind of self-assertion that is the only thing that might prevent the entire nullification of probation as an instrument of reconstruction. To those of us who are eager for the success of probation it seems imperative that a halt should be called to the compromises to which the process is being forced to submit. If this is impossible under the auspices of the criminal law, some other auspices will surely have to be found under which the process of probation will have a fairer chance of functioning. So important is this question of fair opportunity for work that it can well be made the central topic of discussion of probation congresses for some time to come. In the related field of psychiatry as applied to the criminal problem, the importance of this point had to be recognized if this instrument for the understanding and guidance of human nature were to be saved from deteriorating into a mere formula.

The experienced psychiatrist who is working with the criminal process realizes how important it is for the success of his performance to keep himself free from the odium with which the criminal usually views those associated with the machinery of the law. Unless the psychiatrist achieves a *rapport* with the offender whom he is studying similar to that which he endeavors to achieve with the patient who comes to him voluntarily for help, his task will be unnecessarily difficult and more often than not entirely futile.

The same thing applies to the task of the probation officer, only perhaps to a greater degree, since he is not able to bring to his job the very helpful status of the physician. Under the conditions of work ordinarily imposed upon him, it is inconceivable how he can maintain the necessary *rapport* with many of his charges. Moreover, an honest psychiatric job in connection with a maladjusted individual—a job that does not stop with mere classification, but that aims at the reconstruction of the individual—takes a lot of time and effort and is an expensive procedure. The same thing is true in a large measure of the task of probation, rightly conceived, and the sooner we recognize this, the greater our success is apt to be in this field. This is certain—under the most favorable conditions of work the job of probation is not apt to be nearly as expensive as are the many enterprises of a purely impersonal character that clog the machinery of the criminal law.

All of this implies essentially a lifting of probation work into a professional status of a kind that will gain and hold the respect of the community and will attract to its ranks the kind of men and women into whose hands we could safely entrust the important task of reconstructing a human being. It is only then that a proper kind of utilization of the fairly well-organized and dependable technique for the understanding and direction of human nature that psychiatry has to offer will be possible in the field of criminology.

It is not possible to enter here into a detailed discussion of the psychiatric technique. We only wish to mention one element of this technique—namely, the thing that we recognize as the psychological and psychiatric attitude toward a problem. It is not ordinarily difficult for the physician and the social worker to acquire this attitude. The very contact with a problem in human behavior by the physician or the social worker already implies an intent of understanding and service. Such difficulty as they may have in keeping themselves free alike from the "holier-than-thou" attitude or from a moralizing self-indulgence or from a search for an original sin of one kind or another as an explanation of the trouble is apt to be a difficulty of inexperience rather than one of wrong intent. More extensive and intimate contact with the problems of life and the greater self-knowledge that this ordinarily brings to the healthy-minded worker are bound to remove one after another of the obstacles to the cultivation of a proper attitude for understanding and service which are unfortunately inherent in human nature, provided, of course, that the worker is able to keep clearly before his mind the central purpose of his performance. While it is not necessary to accept wholly the principle of a thoroughgoing determinism in human behavior, the worker in this field must certainly cultivate as part of a healthy attitude the scientific conviction that nothing in human behavior happens quite fortuitously and out of a clear sky; that the only way in which one can discover and evaluate causes is to approach a problem free from preconceptions. One will then find that commonly there is operative in the behavior of the delinquent a multiplicity of causes. It is necessary to stress this point because of the plaint one encounters so frequently among representatives of law-enforcement agencies that psychology and psychiatry fail to explain the entire situation or to solve forthwith an existing problem.

Aside from the fact that these sciences have never claimed omniscience or omnipotence in such matters, every one acquainted with these subjects appreciates their present limitations. But it is truer of them than of any other approach to the problem of delinquency that they aim to base their conclusions upon an evaluation of all the factors in the case, biological, psychological, social-economic, and pathological. Instances are relatively rare where the entire explanation of a criminal act is to be found in clinical issues. Here and there one encounters an offender whose criminal act is based solely upon an impulse or deliberation of a diseased mind. But in the great majority of instances, even where a significant element of abnormality enters into the situation—as, for instance, in the case of the defective delinquent—numerous other factors of a non-clinical nature combine to produce the criminal act. Another element that enters into the proper attitude of the physician and the social worker relates to the more general problems of mental abnormality and disease.

There was a time—and the situation holds in some quarters even to-day—when the contributions of psychology and psychiatry to criminology were conceived to be limited to the task of defining whether a given delinquent was feebleminded or insane. The object in calling in the services of the psychiatrist was to settle the question of accountability or responsibility.

Now in actual practice, in the field of delinquency or any other sphere of human endeavor, psychiatry has come to define its task as that of understanding and treating human behavior. The issues of disease or defectiveness are only a few of the issues met with in a psychological and psychiatric approach. Moreover, as soon as such issues become established in connection with a problem of delinquency, they become problems in medicine and should be dealt with mainly, if not exclusively, from a medical standpoint.

Thus, while one source of difficulty in cultivating a proper attitude in this field lies in the traditional conception of the purpose of the criminal process, another equally serious obstacle is furnished by a too narrow conception of the aims and scope of psychiatry.

It is in line with the object of this paper to restate these aims and the true scope of psychiatry, and we can do this no better than to see what kinds of facts psychiatry deals with.

In the first place in the psychiatric dealing with a problem we must take cognizance of those elements of human nature which relate to man's inherited dispositions to action and behavior and which reflect the history of his descent. Not only must these innate dispositions, which are expressive of man's "biologic destiny" to self-preservation and race perpetuation, be taken account of as factors that shape human nature, but the laws to which they are subject must be discovered and heeded.

One important law in this connection is the law that in the enterprise of guiding and shaping human nature toward a more socialized performance, nothing in the native equipment can be quite eradicated. What is possible is a redistribution and redirection of the energy and interest that are bound up with innate tendencies. It is the violation of this natural law which renders futile those of society's efforts in educational and correctional procedure which have as a purpose the "eradication" of the badness, the driving out of the "devil", from human nature. It is only the kind of devils that can be born and bred in the soul of man that seem to be messing up things in human society. A much greater promise of success lies in the direction of a redistribution of energy and interest, when even a thoroughly bad and "devilish" youngster may turn out to be a good and respected citizen. The change does not come through driving the devil out, but is the result of harnessing the devilish energies to good purposes.

The next subject with which psychiatry concerns itself is "the acquired or learned equipment of man".

The human machine is not only equipped to act and adapt itself to conditions of life automatically or reflexly, as, for instance, when we wink the eye to avoid an intruding object or unthinkingly perform the countless automatic acts of our daily behavior; to a much greater degree than is the case with other living beings, man can both inhibit or postpone action, is conscious of his ability to recall and anticipate troubles, to profit by experience, and to avoid difficulties by some kind of purposeful action. But much of this ability—which renders man, as one author has put it, a time-binder as well as a space-binder—depends upon his capacity to learn and to profit from experience. How important this ability is can readily be seen when we remember what happens to the individual who, through some disease or injury to the brain before or at birth, is deprived of this capacity to learn. The low-grade idiot cannot learn even the simplest processes that are necessary for the nourishing of the body. He cannot learn to take the breast; he cannot learn to distinguish between objects that are and those that are not suitable for ingestion; and, if left to himself, would come to grief in a number of ways which the normally endowed child soon learns to avoid.

But it is not commonly recognized to what extent and in what a variety of ways man's instinctive disposition determines the kind of experiences he is likely to expose himself to and thus indirectly, at least, determines the nature of his acquired equipment.

The individual in whose native organization an undue accentuation or under-development of a certain trend has taken place is apt to be disposed because of this either to shun or especially to seek out certain life experiences, and thus his acquired equipment is apt to be shaped in accordance with his innate dispositions.

Psychiatry next concerns itself with those circumstances of life which are common to all individuals and which must be estimated at their true value if one is to understand the particular individual under consideration. Every member of the human race goes through a period of helplessness and dependency upon the adults who surround him, from which he must ultimately gain a more or less thorough emancipation if he is to carry out adequately and happily his biologic and individual destinies. Many of the maladjustments met with in life are due to a greater or less degree of persistence in adults of this infantile dependence. Every individual at some time or other has to face the question of ''self-esteem'' and that of the esteem which his fellows have for him. There is no individual—unless it be those who, because of disease of personality, have withdrawn all interest in reality—who is not engaged, to a greater or less degree, with this problem of self-esteem. Here again one of the most common manifestations in human maladjustment is either a tendency to an undue self-abasement or the reverse picture of a drive toward an undue maximation of the self.

Every member of the human race, unless he be pathologically constituted, busies himself more or less, throughout his adult life at least, with the problem of mating. I need not go into details, at this point, concerning the rôle that this problem plays in human maladjustment.

These are some of the common circumstances of life with which psychiatry has to concern itself.

The attention of the psychiatrist is also claimed by those critical epochs in the development of the individual which commonly call for unusual adaptive capacity. It is interesting and important to know what facilities mankind has developed for meeting these life emergencies. There are the acute periods of puberty and adolescence, of aging and decline, of the deep sorrows and bereavements which are the inevitable lot of every human being, apart from those individual experiences in the nature of physical or mental insults which demand unusual capacity for adaptation.

Then psychiatry studies failures of adjustment. It aims to discover how and why certain people fail in the process of adaptation. It endeavors to determine the place of heredity, injury, infection, exhaustion, and fatigue of a more chronic nature, emotional insults, bad habits and deleterious life experiences in man's failure properly to adjust himself to the demands of life.

Finally, psychiatry is concerned with the technique of human readjustment and with those positive principles of a hygiene of the mind which might be utilized as preventives of failure in human adaptation and as means toward a more effective conscious control of the human machine.

It is not necessary to define more specifically what aid to criminology might be derived from the application to it of a science which has the interests and objectives just stated as its reason for existence. If psychiatry is not making itself more effective in connection with the problem of crime, it is due both to limited opportunity and to imperfect technique. But it knows its objectives, and it is up to those who believe in the introduction of a "social-service" point of view into the field of delinquency to see to it that this point of view embraces the aims and technique of psychiatry.

SPECIAL TRAINING FACILITIES FOR MENTALLY HANDICAPPED CHILDREN IN THE PUBLIC DAY SCHOOLS OF THE UNITED STATES, 1922-23

THOMAS H. HAINES, M.D.
Director, Division on Mental Deficiency, The National Committee for Mental Hygiene

IN APRIL, 1923, The National Committee for Mental Hygiene made a special investigation of that particular adaptation of our public day schools to the needs of mentally subnormal children which we sometimes call a "special class" for mentally defective or feebleminded children and sometimes an "opportunity room" for mentally handicapped children. Both the numbers of special classes in the public day schools of the country and the nature of the educational or training work carried on in these classes was the subject of the inquiry. The study concerned only *special classes* for *mentally handicapped children.*

In the year 1922-23, we find that 45,719 children were enrolled in special classes for mentally handicapped children in the public day schools of the United States. There were 2,492 teachers of these special classes and the classes were organized in 430 cities and other school districts.

Much confusion of opinion has existed in regard to the training best suited to the needs of mentally handicapped children. Uncertainty has prevailed as to where and how such children could be most efficiently trained, as to how much training they can "use", and as to what is the best method of managing them after they have been trained. Some educators still measure capacity for training by capacity for learning to read and write or figure; they seem to have no other measure of mental development and personality growth. Again, some educators and school administrators still hold to the view that feebleminded persons as such cannot be fitted for life in the community. Others hold that while such extra-institutional life may be possible for some feebleminded individuals, they can be trained for it only by a properly organized boarding institution; in other words, that no feebleminded child is a proper subject for training in a day school along with so-called normal children. According to this view, feeblemindedness is an affliction that makes of the child so handicapped a training problem entirely "different" from that of the average child, so that he has no place in the ordinary day school even though he may be put in a special class. Such persons fail to take cognizance of the indistinguishable gradations of mental endowment by which one passes, in any large and unselected group of human beings, from a so-called *normal* mental endowment to a lower level which all agree to designate *feeblemindedness.*

Such views in regard to the training of feebleminded children illustrate the misuse of a concept. To some people the concept *feebleminded* has become a hard-and-fast entity, and the individual who falls into this class is regarded as "different", much as the *insane* were regarded as "different" a century ago. As a matter of fact, each problem child, whether his problem consists in an intelligence defect or in an unusual and troublesome organization of personality, is *sui generis* a special problem for the home, for the school, and for the community. Every community school will probably have many of these special problems as long as children and schools exist. The public school is responsible for the training of the children of the community. The responsibility for the training of problem children cannot be placed upon another agency or institution except as such other agency or institution is equipped for the special service. The community school faces this alternative for every mentally handicapped child in the community. Specially adapted training opportunities are required. The school should either provide them or see that the child has them offered him in a suitably equipped special training school.

When Dr. Samuel G. Howe, the able superintendent of the first state training school in this country, the Massachusetts School for the Feebleminded (established in 1848, and now located at Waverley), was fully launched into his new work, he saw that this work was an integral part of public education. Dr. Howe put the matter thus in one of his early reports: "The [state training] school for the feebleminded is a link in the chain of common schools—the last indeed, but still a necessary link in order to embrace all the children in the state." The state training school in the United States is quite independent of the department of public instruction and of the community or public day schools of the state. The community schools seem to look upon the education of feebleminded children as a special duty and privilege of the state training school. And since this necessary last link in our educational system is specially charged with the training of feebleminded children, the argument seems to run that all children who can reasonably be classed as mentally defective should be sent away to these state training schools for all of their training. Several fallacies underlie this reasoning.

One of these is involved in the broadening of our conception of mental defect; its connotation has been greatly enlarged. Moreover, while these training schools were established for the training of imbeciles and idiots, they have, in practice, received principally troublesome defective children, even of the higher grade of intelligence. *Delinquent defectives* have predominated among these populations from the first.

Since the Binet-Simon tests (first published in 1905) have come into general use, the concept mental deficiency has broadened to include far more than merely idiocy and imbecility; indeed, it is beginning to include more than mere intelligence defect. Under this new concept of mental deficiency, mentally handicapped children are far too numerous to handle in existing state training schools. Further, it is impossible to figure out the process by which any community could be persuaded to tax itself to build and operate boarding schools for the training of all feebleminded children.

Indeed, to recommend such training schools (boarding institutions) for many children who are really seriously mentally handicapped would be very ill advised. Some feebleminded children can secure better training in their own community schools than they can obtain in the best of boarding schools, if only the community schools will adapt themselves to the special developmental needs of these children. For many a feebleminded child, as for the normal-minded child, it is an inestimable educational advantage to remain in his own private home or even in a good foster home. The properly organized home is an educational and socializing agency of the first importance. This is now generally recognized by educators and by social workers. The institutionalizing of children must be avoided wherever possible, in the case of the normal and the feebleminded alike.

The first of our states to organize special state training schools for feebleminded children, Massachusetts and New York, took this step in 1848 and 1851, respectively. These establishments followed directly upon the working out, by Edouard Séguin in Paris, of a plan for the "physiological education" of mentally defective children. Séguin established the first successful school for the training of the feebleminded in 1847. The year before he had published *The Moral Treatment, Hygiene, and Education of Idiots and Other Backward Children.* Dr. Howe invited Dr. Séguin to Massachusetts to help inaugurate the work in that state. Séguin devoted the remainder of his life to the training of feebleminded children in the United States.

Séguin's work in this field dates back to the famous "wild boy" found in the forests of Aveyron at the end of the eighteenth century. In his educational experiments with this boy, Itard sought to find factual foundations for some of the mental-development theories of the sensationalist school in psychology. Itard's work with the "wild boy" disappointed the teacher, but his results interested Séguin, who was a pupil both of Itard and of Pinel. Séguin developed from Itard's work his methods of sense and muscle training—the "physiological method".

Our public schools in the United States have continued to view the feebleminded child, in his relation to the school, very much as Itard's "wild boy" was then viewed by the *savants* of France in his relation to education in general. The schools have been very loath to make any adaptations to the developmental needs of mentally handicapped children. Our practice has assumed that children are alike, that they learn at the same rate, and that they all need to know the same things. Further, when they know these things, we have assumed that they are trained. The mentally handicapped child is such a special problem that our public schools have assumed that they need have no concern with him. Feebleminded children, being unable, for the most part, to learn to read and write and figure, can get little or no training in a primary or a grammar school, which are designed to put children in possession of these arts of culture. Why should these schools, therefore, have any concern for such children, since the teaching of these arts is their business?

It is now plainly evident that education and training do not consist in securing information, but that there is in each child a *personality to be developed and trained.* Even *feebleminded children have personalities,* which must be developed if these feebleminded persons are to be successful later as members of the community. The *special class for the mentally handicapped child* has been the answer of the public school to this situation up to date. In these special classes mentally handicapped children are trained for community life. Personality is developed in each up to the limits determined by his inherited handicaps.

A beginning in the special training of handicapped children in public day schools was made in Cleveland, Ohio, in 1880. A special class then organized was continued for only one year. Tradition has it that at the end of the year the teacher of that class became a patient in a state hospital for the mentally ill. Other special classes have been organized in many places on quite inadequate and unsuitable lines. Proper child-study and medical-examination methods should be employed first to classify problem children and to assign each to the special educational opportunities he needs. In New York City and Providence, Rhode Island, substantial beginnings were made in special-class training in the middle nineties. These were logically planned and have continued uninterruptedly to the present time. In 1895, Miss Elizabeth E. Farrell, now supervisor of ungraded classes in New York City, started the first ungraded class in New York. The first class in Providence was started in 1896 and the growth there of this special adaptation to the needs of mentally handicapped children has proceeded uninterruptedly.

Public-school facilities specially adapted to meet the developmental needs of mentally handicapped children have developed rapidly in recent years. Many states now have special statutory requirements for the institution of such special classes in all school districts in which feebleminded children of school age exceed a stated small number. In some states aid is given from the state school fund to meet the higher costs of special classes as now organized.

The development of state-training-school facilities for training and detaining feebleminded children has proceeded more rapidly during the last few years than in the early years after the middle of the nineteenth century. Data from reports of the Bureau of Education indicate this development. In 1900 there were reported to the bureau[1] 19 state training schools for feebleminded persons, with a total of 9,792 inmates. In 1918, 43 such training schools were reported to the department, with a total of 35,968 inmates. In 1921-22[2] there were 51, with 38,761 inmates (14,505 of whom were not in school). These schools employed 492 teachers. As a result of the activity that traces back to Séguin and Howe, we have to-day, therefore, somewhat more than 24,000 feebleminded children in training in state boarding schools.

The Bureau of Education also reports data, from 1913, on special classes for feebleminded and subnormal children in our public day schools. These facilities have developed very rapidly in a decade. The results of our own canvass, in 1923, indicate a great increase in the rate of development of such facilities in that year.

In 1913, there were reported 9,357 pupils with 586 instructors in special classes in 52 city day schools.[1]

In 1914, there were 10,890 pupils with 650 instructors in special classes in 72 city day schools.[1]

In 1915, there were 12,795 pupils with 797 instructors in special classes in 72 city day schools.[1]

In 1916, there were reported 16,524 pupils with 939 instructors in special classes in 118 city day schools.[1]

In 1918, there were 18,133 pupils with 1,134 instructors in special classes in 131 city day schools.[1]

---

[1] See *Schools and Classes for Feebleminded and Subnormal Children, 1918.* Department of the Interior, Bureau of Education Bulletin, 1919, No. 70. Washington: Government Printing Office, 1920. pp. 6 and 7.

[2] See *Schools and Classes for Feebleminded and Subnormal Children, 1922.* Department of the Interior, Bureau of Education Bulletin, 1923, No. 59. Washington: Government Printing Office, 1924. p. 3.

In 1922, there were 23,252 pupils with 1,321 instructors in special classes in 133 city day schools.[1]

In 1919, Dr. V. V. Anderson[2] sent out twenty-one questions on the subject of special-class facilities in the public day schools for the training of mentally defective children to superintendents, principals, and supervisors in 155 cities in the United States. Replies were received from 125 of these cities. Seventeen of them had no special classes. In the remaining 108, 21,251 defective children were enrolled in 1,177 special classes. These cities were located in 30 different states.

Table 1 (pages 901–02) presents the distribution by states of the 45,719 children found by our inquiry to be enrolled, in 1922-23, in 2,492 special classes for mentally handicapped children in 430 different cities and other school districts in the United States.

This table also presents the density of special-class facilities by states. A graphic presentation of these densities of special-class facilities, by states, is shown on the map on page 900. The densities are stated in the following terms: They are the percentages of the total numbers of children from seven to fifteen years old in school in the various districts who were found to be enrolled in special classes for mentally handicapped children. We were compelled to estimate from federal-census figures the numbers of school attendants from seven to fifteen.

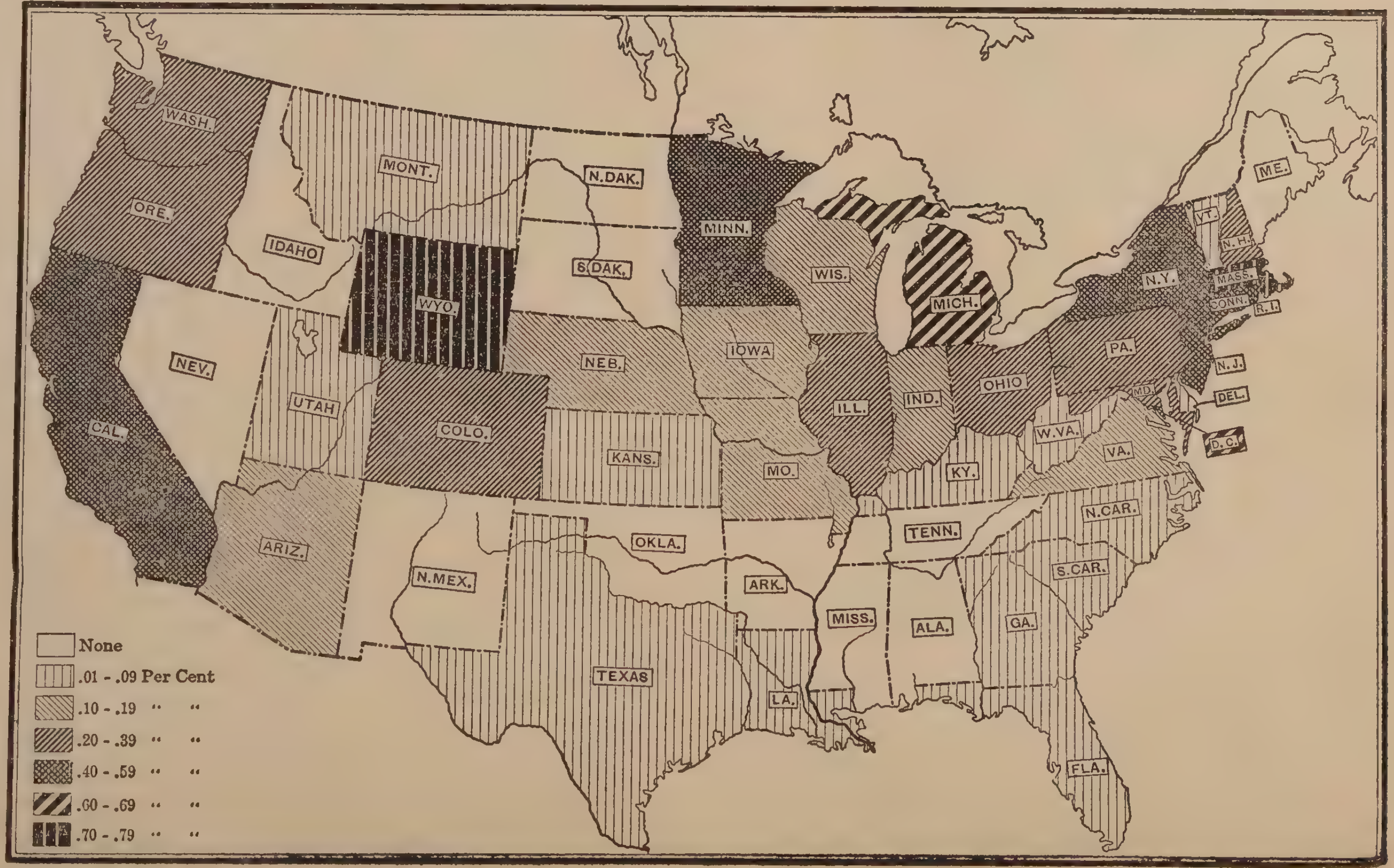
In the inquiry sent out to superintendents and supervisors, we asked for the "total enrollment in all grades—kindergarten to eighth grade inclusive". The answer to this question was entirely omitted by many. Many others replied to it as if the inquiry concerned only mentally handicapped children. The federal censuses of 1920 and 1910 constituted our only available means of securing data on which to base a presentation of relative densities of opportunity for the training of mentally handicapped children in the public schools.

---

[1] See note 2, page 898.

[2] *Education of Mental Defectives in State and Private Institutions and in Special Classes in Public Schools in the United States*, by V. V. Anderson, M.D. MENTAL HYGIENE, Vol. 5, pp. 85-122, January, 1921.

PERCENTAGE OF CHILDREN ATTENDING SPECIAL CLASSES FOR THE MENTALLY HANDICAPPED IN PUBLIC DAY SCHOOLS AMONG ALL CHILDREN FROM 7 TO 15 YEARS OF AGE ATTENDING PUBLIC SCHOOLS, BY STATES, 1923



The probable number of school attendants between the ages of seven and fifteen for any given city or state as of July 1, 1923, was obtained from the census figures in the following manner: Taking (1) the total census population as of January 1, 1920, and (2) the census population from seven to fifteen years of age in school on January 1, 1920, we calculated (3) the ratio of the second group to the first. Taking (4) the increase of the total population in 1920 over the total population in 1910, dividing this by ten, and multiplying the result by 3½, we obtained (5) the *additional estimated total population* as of July 1, 1923. Multiplying the estimated total population as of July 1, 1923, by the 1920 percentage (3 above) we got (6) the estimated seven-to-fifteen-year-old population attending school as of July 1, 1923.

Table 1—Public day school special-class facilities by states, with estimated 7-15-year children enrolled in school and percentages of these enrolled in special classes for the mentally handicapped, 1922-23.

State	*Number of cities and other school districts reporting special classes*	*Number of teachers of special classes*	*Number enrolled in special classes*	*Estimated number of children of ages 7-15 attending school in 1923*	*Per cent of 7-15 year-old children enrolled in special classes*
Wyoming	9	16	269	34,066	0.78
Massachusetts	53	253	4,350	585,336	0.74
District of Columbia	1	17	345	51,684	0.66
Michigan	13	164	3,964	601,738	0.65
New Jersey........	53	197	3,101	520,629	0.59
New York.........	64	482	9,212	1,569,038	0.58
Minnesota	42	143	2,241	404,916	0.55
Connecticut	22	68	1,104	219,853	0.50
Rhode Island......	3	25	462	91,352	0.50
California	8	131	2,370	489,857	0.48
Ohio	19	201	3,428	925,966	0.37
Colorado	2	22	526	161,813	0.32
Illinois	14	154	3,041	1,040,074	0.29
Maryland	1	41	650	231,582	0.28
New Hampshire....	5	8	185	65,449	0.28
Pennsylvania	31	212	4,111	1,516,894	0.27
Washington	5	35	591	218,094	0.27
Oregon	4	16	320	127,151	0.25
Nebraska	4	25	446	227,977	0.19
Indiana	12	44	883	466,114	0.18
Wisconsin	25	52	801	441,242	0.18
Arizona	1	3	82	54,728	0.14

Table 1—Public day school special-class facilities by states, with estimated 7-15-year children enrolled in school and percentages of these enrolled in special classes for the mentally handicapped, 1922-23—Concluded.

State	*Number of cities and other school districts reporting special classes*	*Number of teachers of special classes*	*Number enrolled in special classes*	*Estimated number of children of ages 7-15 attending school in 1923*	*Per cent of 7-15 year-old children enrolled in special classes*
Missouri	2	50	814	555,859	0.14
Virginia	3	26	574	425,736	0.13
Iowa	8	26	462	391,668	0.11
Delaware	1	1	25	34,913	0.07
Kentucky	3	16	331	440,394	0.07
Vermont	2	2	43	54,124	0.07
Kansas	4	13	190	307,899	0.06
West Virginia	2	7	139	280,492	0.04
Georgia	1	13	165	539,126	0.03
South Carolina.....	3	8	122	376,896	0.03
Florida	1	2	36	174,811	0.02
North Carolina....	4	7	128	537,188	0.02
Utah	1	1	20	97,127	0.02
Louisiana	1	4	50	317,536	0.01
Montana	1	1	16	101,565	0.01
Texas	2	6	122	873,141	0.01
Total	430	2,492	45,719	15,554,028	0.29

Table 2 (pages 903–09) presents similar data for all cities of 25,000 population or over—by the 1920 census—that report special classes in public day schools. The cities are listed in the order of size. The figure preceding the name of each city indicates its ranking in the federal census. In this table are presented, as reported by cities, the numbers of "centers" or "special schools" in which there were two or more special classes.

There were 18,102,792 persons from seven to fifteen years of age who were attending school in 1923 in the United States. Of these, 45,719 were enrolled in special classes in day schools and about 25,000 were in state training schools. The Bureau of Education in 1921-22 reported 24,256 attending schools in 51 state training schools. Some 70,000 mentally handicapped children were, therefore, attending special classes or special training schools. To what extent do these facilities meet the training needs of mentally handicapped children in the United States?

Table 2—Public day school special-class facilities (enrollment) in cities of over 25,000 (1920) showing centers and percentages of 7-15-year children in special classes.

Order of rank in population	*City*	*Population 1920*	*Number of schools having two or more teachers of special classes*	*Number of special classes*	*Pupils enrolled in classes for mentally handicapped*	*Estimated children of 7-15 years attending school July, 1923*	*Per cent of 7-15-year children in special classes*
1.	New York	5,620,048	..	273	5,419	858,320	0.63
2.	Chicago, Ill.	2,701,705	..	115	2,341	392,512	0.59
3.	Philadelphia, Pa.	1,823,779	18	126	2,517	270,344	0.93
4.	Detroit, Mich.	993,678	5	83	2,566	120,975	2.12
5.	Cleveland, O.	796,841	19	78	1,187	131,323	0.90
6.	St. Louis, Mo.	772,897	..	27	431	102,411	0.42
7.	Boston, Mass.	748,060	..	88	1,500	105,622	1.42
8.	Baltimore, Md.	733,826	8	41	650	105,362	0.61
9.	Pittsburgh, Pa.	588,343	..	10	200	91,955	0.21
10.	Los Angeles, Cal.	576,673	..	68	980	73,420	1.33
11.	Buffalo, N. Y.	506,775	4	28	699	73,691	0.94
13.	Milwaukee, Wis.	457,147	..	5½	100	70,557	0.14
14.	Washington, D. C.	437,571	6	17	345	51,684	0.66
15.	Newark, N. J.	414,524	7	32	552	65,366	0.84
16.	Cincinnati, O.	401,247	1	26	475	52,697	0.90
17.	New Orleans, La.	387,219	..	4	50	57,369	0.08
18.	Minneapolis, Minn.	380,582	8	30	450	50,159	0.89
19.	Kansas City, Mo.	324,410	5	23	383	40,002	0.95
20.	Seattle, Wash.	315,312	3	21	322	35,451	0.90
21.	Indianapolis, Ind.	314,194	..	12	231	41,263	0.55
22.	Jersey City, N. J.	298,103	..	13	251	46,417	0.54
23.	Rochester, N. Y.	295,750	10	36	723	41,482	1.74
24.	Portland, Ore.	258,288	2	10	169	35,003	0.48

Table 2—Public day school special-class facilities (enrollment) in cities of over 25,000 (1920) showing centers and percentages of 7-15-year children in special classes—Continued.

Order of rank in population	*City*	*Population 1920*	*Number of schools having two or more teachers of special classes*	*Number of special classes*	*Pupils enrolled in classes for mentally handicapped*	*Estimated children of 7-15 years attending school July, 1923*	*Per cent of 7-15-year children in special classes*
25.	Denver, Colo.	256,491	3	19	426	32,889	1.29
26.	Toledo, O.	243,164	3	25	456	35,367	1.28
27.	Providence, R. I.	237,595	3	23	403	34,030	1.18
29.	Louisville, Ky.	234,891	..	13	257	34,322	0.74
30.	St. Paul, Minn.	234,698	3	18	381	31,954	1.19
31.	Oakland, Cal.	216,261	3	21	336	30,010	1.11
32.	Akron, O.	208,435	1	8	131	21,952	0.59
33.	Atlanta, Ga.	200,616	2	13	165	30,055	0.54
34.	Omaha, Neb.	191,601	3	16	275	27,449	1.00
35.	Worcester, Mass.	179,754	2	19	433	26,601	1.62
37.	Syracuse, N. Y.	171,717	1	3	43	23,931	0.17
38.	Richmond, Va.	171,667	4	16	354	24,495	1.44
39.	New Haven, Conn.	162,537	5	16	262	25,478	1.02
42.	Dallas, Texas	158,976	..	5	92	22,514	0.40
43.	Dayton, O.	152,559	..	3	42	21,453	0.19
44.	Bridgeport, Conn.	143,555	1	10	180	19,204	0.93
45.	Houston, Texas	138,276	..	1	30	20,719	0.14
46.	Hartford, Conn.	138,036	1 ungraded school	4	71	18,651	0.38
47.	Scranton, Pa.	137,783	..	2	32	23,838	0.13
48.	Grand Rapids, Mich.	137,634	3	24	415	21,250	1.95
49.	Paterson, N. J.	135,875	..	10	146	20,448	0.71
50.	Youngstown, O.	132,358	6	20	314	19,351	1.62

51. Springfield, Mass.	129,614	4	15	305	21,533	1.41
52. Des Moines, Ia.	126,468	1	10	165	19,137	0.86
53. New Bedford, Mass.	121,217	1	8	115	18,054	0.63
54. Fall River, Mass.	120,485	2	10	172	19,600	0.87
55. Trenton, N. J.	119,289	3	16	240	18,828	1.27
58. Camden, N. J.	116,309	..	12	150	18,052	0.83
59. Norfolk, Va.	115,777	..	9	188	19,870	0.94
60. Albany, N. Y.	113,344	..	10	200	13,850	1.44
63. Cambridge, Mass.	109,694	..	8	95	15,914	0.59
64. Reading, Pa.	107,784	..	4	53	16,449	0.32
66. Spokane, Wash.	104,437	1	6	129	15,225	0.84
67. Kansas City, Kan.	101,177	..	2	30	17,344	0.17
68. Yonkers, N. Y.	100,176	3	10	150	18,117	0.82
69. Lynn, Mass.	99,148	..	6	108	14,006	0.77
70. Duluth, Minn.	98,917	4	18	270	15,125	1.78
72. Elizabeth, N. J.	95,783	1	2	37	15,945	0.23
73. Lawrence, Mass.	94,270	..	3	52	13,929	0.37
74. Utica, N. Y.	94,156	3	6	160	14,877	1.07
75. Erie, Pa.	93,372	2	8	120	16,447	0.72
76. Somerville, Mass.	93,091	..	3	45	13,349	0.33
77. Waterbury, Conn.	91,715	..	4	56	14,811	0.37
78. Flint, Mich.	91,599	..	10	150	13,578	1.10
81. Schenectady, N. Y.	88,723	1 center	7	140	14,405	0.97
83. Fort Wayne, Ind.	86,549	..	3	63	11,574	0.54
84. Evansville, Ind.	85,264	..	10	192	12,906	1.48
90. Bayonne, N. J.	76,754	1 center	7	94	14,719	0.63
91. Peoria, Ill.	76,121	..	5	95	9,856	0.96
92. Harrisburg, Pa.	75,917	..	4	80	10,814	0.73
93. San Diego, Cal.	74,683	1	4	60	9,462	0.63
94. Wilkes-Barre, Pa.	73,833	..	1	15	13,063	0.11
98. Troy, N. Y.	72,013	..	4	60	9,124	0.65

Table 2—Public day school special-class facilities (enrollment) in cities of over 25,000 (1920) showing centers and percentages of 7-15-year children in special classes—*Continued.*

Order of rank in population	City	Population 1920	Number of schools having two or more teachers of special classes	Number of special classes	Pupils enrolled in classes for mentally handicapped	Estimated children of 7-15 years attending school July, 1923	Per cent of 7-15-year children in special classes
99.	Sioux City, Iowa	71,227	1	4	57	10,093	0.56
100.	South Bend, Ind.	70,983	..	1	20	11,783	0.16
102.	Hoboken, N. J.	68,166	..	7	114	9,913	1.15
103.	Charleston, S. C.	67,957	1	2	36	10,131	0.35
104.	Johnstown, Pa.	67,327	..	6	75	11,859	0.63
105.	Binghamton, N. Y.	66,800	..	8	107	8,839	1.21
106.	East St. Louis, Ill.	66,767	1 center	6	128	10,501	1.21
107.	Brockton, Mass.	66,254	..	2	25	9,582	0.26
108.	Terre Haute, Ind.	66,083	..	4	54	9,824	0.54
110.	Rockford, Ill.	65,651	1	6	86	9,364	0.91
113.	Passaic, N. J.	63,841	1 center	6	101	10,502	0.96
114.	Saginaw, Mich.	61,903	..	3	48	10,707	0.44
115.	Springfield, O.	60,840	..	2	43	9,213	0.46
117.	Altoona, Pa.	60,331	..	5	76	10,054	0.75
118.	Holyoke, Mass.	60,203	..	1	21	9,005	0.23
119.	New Britain, Conn.	59,316	..	3	30	10,294	0.29
120.	Springfield, Ill.	59,183	..	1	20	9,202	0.21
121.	Racine, Wis.	58,593	1 center	4	53	8,622	0.61
122.	Chester, Pa.	58,030	..	1	11	7,647	0.14
124.	Lansing, Mich.	57,327	1	2	42	8,326	0.50
126,	Davenport, Ia.	56,727	..	5	106	8,166	1.29
128.	Berkeley, Cal.	56,036	3	12	267	8,221	3.24
129.	Long Beach, Cal.	55,593	1	6	182	7,551	2.41

130. Gary, Ind.	55,378	1 center	4	97	9,536	1.01
131. Lincoln, Neb.	54,948	1	6	111	8,350	1.32
133. Haverhill, Mass.	53,884	..	1	15	7,566	0.19
134. Lancaster, Pa.	53,150	1	2	32	7,430	0.43
140. East Orange, N. J.	50,710	1 center	3	35	7,200	0.48
141. Atlantic City, N. J.	50,707	..	8	120	6,743	1.77
142. Bethlehem, Pa.	50,358	..	1	15	8,467	0.17
144. Topeka, Kan.	50,022	..	5	75	6,774	1.10
145. Malden, Mass.	49,103	..	1	13	8,031	0.16
147. Kalamazoo, Mich.	48,487	3	10	142	6,676	2.12
149. Jackson, Mich.	48,374	2	6	108	6,778	1.59
150. Quincy, Mass.	47,876	..	2	41	8,155	0.50
151. Bay City, Mich.	47,554	..	6	80	8,289	0.96
153. McKeesport, Pa.	46,781	..	2	40	7,822	0.51
154. Highland Park, Mich.	46,499	2	9	182	6,908	2.63
155. Charlotte, N. C.	46,338	..	4	73	7,937	0.91
156. Newton, Mass.	46,054	1	4	62	7,101	0.87
158. Elmira, N. Y.	45,393	2	7	105	5,483	1.91
159. Pasadena, Cal.	45,354	..	16	439	6,001	7.31
160. Fresno, Cal.	45,086	..	3	94	7,398	1.27
161. Cicero, Ill.	44,995	..	2	30	9,750	0.30
162. New Castle, Pa.	44,938	..	1	19	7,805	0.24
165. Decatur, Ill.	43,818	..	1	16	6,825	0.23
169. Chelsea, Mass.	43,184	..	3	50	7,811	0.64
170. Mt. Vernon, N. Y.	42,726	..	2	30	7,503	0.39
171. Salem, Mass.	42,529	1 center	6	94	6,474	1.45
172. Pittsfield, Mass.	41,763	..	3	45	6,139	0.73
173. Lakewood, O.	41,732	2	6	90	7,326	1.22
174. Perth Amboy, N. J.	41,707	..	1	10	7,727	0.12
177. Lima, O.	41,326	2	8	130	6,521	1.99
178. Fitchburg, Mass.	41,029	..	1	16	6,176	0.25

Table 2—Public day school special-class facilities (enrollment) in cities of over 25,000 (1920) showing centers and percentages of 7-15-year children in special classes—Concluded.

Order of rank in population	*City*	*Population 1920*	*Number of schools having two or more teachers of special classes*	*Number of special classes*	*Pupils enrolled in classes for mentally handicapped*	*Estimated children of 7-15 years attending school July, 1923*	*Per cent of 7-15-year children in special classes*
179.	Kenosha, Wis.	40,472	1 center	3	44	6,677	0.65
182.	Everett, Mass.	40,120	1	4	54	6,712	0.80
184.	W. Hokoben, N. J.	40,074	1	2	29	6,389	0.45
185.	Stamford, Conn.	40,067	..	3	45	6,279	0.71
187.	Hamilton, O.	39,675	..	1	16	5,692	0.28
188.	Superior, Wis.	39,671	2	2	26	6,471	0.40
192.	Dubuque, Ia.	39,141	..	1	12	5,019	0.23
193.	Medford, Mass.	39,038	..	5	82	6,426	1.27
194.	Jamestown, N. Y.	38,917	1 center	4	60	5,745	1.04
196.	Joliet, Ill.	38,442	..	5	100	6,038	1.65
197.	Madison, Wis.	38,378	..	4	63	5,770	1.09
198.	Brookline, Mass.	37,748	..	2	17	4,377	0.38
199.	Columbia, S. C.	37,524	1 center	4	54	5,564	0.97
201.	Evanston, Ill.	37,234	1	6	119	5,374	2.21
202.	Taunton, Mass.	37,137	..	2	27	5,547	0.48
203.	Muskegon, Mich.	36,570	..	3	48	5,517	0.87
205.	Aurora, Ill.	36,397	..	1	14	5,035	0.27
206.	Waterloo, Ia.	36,230	..	3	50	5,498	0.90
207.	Chicopee, Mass.	36,214	..	1	18	6,450	0.27
208.	New Rochelle, N. Y.	36,213	..	4	60	6,217	0.96
210.	Auburn, N. Y.	36,192	..	5	65	4,163	1.56
211.	Battle Creek, Mich.	36,164	..	4	99	4,763	2.07
215.	E. Chicago, Ind.	35,967	1	5	115	6,106	1.88

218.	Poughkeepsie, N. Y.	35,000	..	2	37	4,888	0.75
220.	Meriden, Conn.	34,764	1	3	35	5,207	0.67
222.	Easton, Pa.	33,813	..	6	90	4,704	1.91
226.	Orange, N. J.	33,268	1	4	60	4,917	1.22
227.	Oshkosh, Wis.	33,162	..	2	33	5,122	0.64
230.	New Brunswick, N. J.	32,779	2	4	99	5,500	1.79
231.	Norristown, Pa.	32,319	2	7	236	4,308	5.47
234.	Watertown, N. Y.	31,285	..	4	60	4,373	1.37
237.	Green Bay, Wis.	31,017	..	2	30	5,289	0.56
239.	Sheboygan, Wis.	30,955	2	4	48	5,163	0.92
240.	Waltham, Mass.	30,915	..	1	13	4,275	0.30
242.	La Crosse, Wis.	30,421	..	1	17	4,396	0.38
243.	Newburgh, N. Y.	30,366	..	1	14	4,168	0.33
245.	Newport, R. I.	30,255	..	1	27	3,884	0.69
249.	W. New York, N. J.	29,926	1	2	30	5,671	0.52
257.	Phoenix, Ariz.	29,053	..	3	82	4,386	1.86
259.	Revere, Mass.	28,823	2	6	99	5,762	1.71
260.	Montclair, N. J.	28,810	2	7	103	4,761	2.16
262.	Bloomington, Ill.	28,725	..	2	27	3,880	0.69
264.	Asheville, N. C.	28,504	..	1	20	4,568	0.43
265.	Nashua, N. H.	28,379	2	3	74	4,330	1.70
267.	Marion, O.	27,891	..	1	16	4,492	0.35
269.	Mansfield, O.	27,824	..	1	24	3,869	0.62
271.	Plainfield, N. J.	27,700	1 center	6	90	4,360	2.06
272.	Everett, Wash.	27,644	3	3	54	4,247	1.27
274.	E. Cleveland, O.	27,292	..	1	12	4,136	0.29
275.	Warren, O.	27,050	4	4	69	3,966	1.73
277.	Kearney, N. J.	26,724	..	2	31	4,572	0.67
279.	Kingston, N. Y.	26,688	..	1	15	3,619	0.41
281.	Rome, N. Y.	26,341	2	2	30	4,347	0.69
284.	New London, Conn.	25,688	1	4	72	3,914	1.83
286.	Irvington, N. J.	25,480	..	1	20	4,536	0.44

We find no better data on this point than those obtained from studies carried on by The National Committee for Mental Hygiene. In mental-health surveys of 59,269 public-school children conducted by the committee, from 1914 to 1924 inclusive, in 15 different states, 1,636 children were diagnosed as "mentally defective" and 1,619 as "border-line mental defectives". These 3,255 children all need special training. They constitute 5.49 per cent, or 549 in each 10,000, of the 59,269 children included in the studies. These children were found in states as widely separated as Rhode Island and Arizona, North Dakota and South Carolina, Wisconsin and Mississippi. They include quotas from every ethnic group in our country. They may be considered representative.

If this percentage holds throughout the United States, there were, among the 18,102,792 children from seven to fifteen years old in school on July 1, 1923, some 993,843 who needed special training because of their mental handicaps.

The 70,000 who were being trained in special classes or in state training schools constituted about 7 per cent of the whole 993,843. The shortage of special-class facilities in the United States as of July 1, 1923, left unprovided for 923,843 children. Over 900,000 children, so seriously handicapped in the use of imagery, symbols, and concepts that they could not profitably pursue the course of study or follow the daily program of the ordinary primary and grammar grades, were being pulled and pushed through this, to them, meaningless and useless activity. Nothing in the plan of activity of the school was specially designed to bring out the individual capacities and powers of these 900,000 handicapped children. Our training facilities have not been utilized for their benefit.

These 900,000 mentally defective or border-line defective children in our public schools need as good or better specially adapted training facilities as are provided for the 70,000 who are now in special classes or in state training schools. Not until we have afforded them such training facilities can we claim that our public schools are really undertaking the training and socialization of our mentally handicapped children. Until such facilities are provided, we are clearly neglecting our one most logical method of preventing the expensive delinquencies and dependencies of older defectives. Our neglect of mentally handicapped children not only fails to make them serviceable and happy, but costs us large sums in courts and jails, poorhouses and other charities.

Our one great neglect in this field is the neglect on the part of our public schools. Our schools have the opportunity to train 900,000 mentally handicapped children. The schools either treat these children as if they were not handicapped and expect them to enjoy opportunities that their handicaps render them incapable of utilizing or wink at their truancies. In either case many nascent possibilities of useful personality development are wasted. This neglect on the part of its schools is visited upon the community in later years in the shape of tolls for crime and dependency, which cost many times as much as would the special facilities required to train these handicapped children.

We have in the United States to-day 900,000 mentally handicapped children whose training is utterly neglected. We keep thousands of these children in schools at heavy public cost. The schools do next to nothing for them. The training processes used do very little to organize their energies for the service of the community. By not spending more wisely for their training we are wasting not only what we do spend upon them, but we are wasting the children themselves.

DISPENSARY CONTACTS WITH DELINQUENT TRENDS IN CHILDREN*

GROUP I—FORTY-EIGHT CASES OF STEALING

ESTHER LORING RICHARDS, M.D.
*Physician in Charge, Henry Phipps Psychiatric Dispensary,
Johns Hopkins Hospital*

THERE is probably no social problem of adolescence that is being more widely talked of by all sorts and conditions of men than delinquency. The disputants in general seem to agree on the slogan: "Not punishment, but treatment." The controversial questions are: What to treat? How to treat? And who shall treat?

At a round-table discussion of this topic in Washington some eighteen months ago, feeling ran high between representatives of juvenile courts and representatives of public-school systems as to whose business it was to rehabilitate the delinquent child. The matter was not settled at that meeting. As I remember, not a single case history was discussed. The darkness and obscurity of the whole problem was lighted chiefly by a phosphorescence of emotional reactions.

Delinquency is a subject that grows on one as one meditates on its human distress, and creates in one almost a panic of fear. One has a burning conviction that something radical must be done at once to save the world from murder, arson, banditry, and sexual degradation. This condition of mind gives rise to many foolish and hasty statements. For example, I have heard a juvenile-court judge say that the only cure for delinquency is to ungrade our schools, where children are made so unhappy by dull and exacting teachers that they just naturally have to drift into crime as an escape from their repression. Now the more one studies the so-called delinquent, the more one realizes that his behavior vagaries are not the result of any one factor, and therefore cannot be modified by any one system of therapy. Healy was the first to drive home this concept years ago when, as a result of his studies at the juvenile court in Chicago, he brought forth *The Individual Delinquent.*[1] The purely social aspect of delinquency has not been better portrayed than in *The Delinquent Child and the Home,* by Breckinridge and Abbott.[2]

---

* The psychiatric social work (intensive and collaborative) in these cases was done by Elizabeth Breckinridge Cross, of the dispensary staff. To her also is due the credit for collecting and arranging the data presented in the accompanying tables.

The early interest of psychology and psychiatry in delinquency was limited to a classification of the mentally handicapped. Most of the contributions from this field have stressed the high rate of feeblemindedness and mental disease among the inmates of penal and correctional institutions and among offenders who come before courts. Such a viewpoint is still held to-day by the majority of psychologists in this field of behavior research. A recent study of case material presented at the Ohio Bureau of Juvenile Research reports 36.5 per cent feebleminded, 30.3 per cent psychopathic, 17.4 per cent deferred, 8 per cent syphilitic, and only 4.5 per cent "free from any psychopathy".[3] On the other hand, data that have so far come from the Commonwealth studies in the prevention of delinquency seem to indicate that individual and environmental factors predominate in the etiological determinants of delinquent trends, just as they do in any other conduct disorder of childhood. For example, Anderson,[4] reviewing the findings of a mental-hygiene survey of the juvenile court in Cincinnati, in the introduction to his report on the St. Louis demonstration clinic, says: "We found that feeblemindedness was present in only 8 per cent of the cases; 63 per cent of the children had an intelligence quotient above 80. . . . Serious mental conflicts, mental maladjustments, emotional complexes, unhealthy mental imagery, various physical disorders, bad home influences, were constant factors. Sixty per cent of these children had parents who had already been problems to the various organizations of Cincinnati. . . . Seventy per cent came from homes in which parental conditions and parental control received the very lowest possible ratings; desertion on the part of the father or mother, bad moral influences exercised by one or both parents, total lack of supervision of the child, were marked in these cases. Of the girl delinquents who passed through this court, 90 per cent came from such homes.''

---

[1] Boston: Little, Brown, and Company, 1915.

[2] New York: Charities Publication Committee, 1916.

[3] See *Juvenile Delinquency,* by H. H. Goddard. New York: Dodd, Mead, and Company, 1921.

[4] See *The Psychiatric Clinic in the Treatment of Conduct Disorders of Children and the Prevention of Juvenile Delinquency,* by V. V. Anderson, M.D. New York: The National Committee for Mental Hygiene, 1923.

Now who shall arbitrate for the delinquent between such conflicting statistical evidence produced by equally skilled investigators who have employed essentially the same methods of scientific approach? The psychological viewpoint has been frankly set forth by Mateer in a recent book, *The Unstable Child*[1]: ''Delinquency must follow some law. . . . It is in response to some motivation or principle that is fundamental. . . . Shall we call it predisposition? . . . Given the fundamental predisposition, environmental factors may prove to be the exciting or determining cause of delinquency. . . . The brain is an organ that is comparatively young in its complexity of development compared with the evolutional development of the body as a whole. Its mechanism is the most delicate and sensitive in structure and function that one can imagine. The demands made upon it by each generation grow greater, not less. It should cause us no surprise when we meet a child with a brain that is not able to respond in the desired fashion to the demands which his generation makes upon him. . . . Long ages ago it was prowess to be able to steal. Those who could not accomplish it did not survive or leave offspring. With this trait developed as a necessity for many generations, is it any wonder that children sometimes steal and hoard? Such behavior finds its justification in the cell memory of the individual's nervous system. . . . Delinquency is a natural phenomenon. It is the result of the mental residuum of former stages, and of imperfect attempts to produce individuals who can live naturally in the present stage of development. . . . There is no such thing as a bad boy or girl.

---

[1] New York: D. Appleton and Company, 1924.

Either the child does not know any better, or else he cannot help it."

Differentiation between these two types of delinquent deviates (the feebleminded and the psychopathic) is made possible through certain psychological procedures of which the Kent-Rosanoff association series is particularly diagnostic. "The acceptance of a study of intelligence function seems to save us any need for attempting so-called character and personality analyses. It takes care of these. What is character? It is the sum-total of an individual's ideas, memories, and imaginings, especially as they relate to his assimilation of the behavior code of the group with which he lives, plus the estimation of the reliability of his acting in accord with this knowledge. . . . Frankly, there seems to be nothing more to it." Dr. Mateer is of the opinion that "psychiatric methods lack the refinement of standardization that would enable a member of this profession to detect the first shadowy signs of disturbance and related intelligence level unless he adopts some of the accepted psychological procedures".

The psychiatric viewpoint is set forth by Anderson in the publication already quoted. He says: "More than one-half of the children who pass through the juvenile court show physical and mental disabilities that are fundamental factors in their delinquent conduct. The disposition of their cases without an adequate knowledge of the social implications of these conditions merely invites failure, so far as the adjustment of the child is concerned. Certainly intelligent treatment without such knowledge is impossible. While a certain percentage of the children present serious problems, the great majority are not to be thought of in terms of the usual medical classifications, but rather as examples of childhood difficulties that have their origin in the home, the school, or other situations in which parents, brothers and sisters, teachers and playmates have an important part.

"In the particular conduct of the child we will find the rôle his personality plays in adjusting itself to life situations. This view of behavior as a personality reaction, an effort of the child to adjust himself to his environment, by no means excludes full consideration of the values to be attached to serious constitutional conditions both inherited and acquired. The importance, however, of feeblemindedness and grossly abnormal mental conditions is not such as we were led to believe from earlier investigations.

"Real progress will be made through a better understanding of the child's personality, and the influences from within and without that mold it and make it what it is."

"We were impressed by the fact that the most important influences in the lives of these children were not to be found in the material conditions of the home—its sanitation, and so forth—but in the personalities with which the children daily come in contact, in the moral, intellectual, and religious atmosphere of the home, in character training, parental control, and supervision. These factors, we believe, have much to do with the formation of character and the development of personality, and here is the crux of the problem so far as the delinquent child is concerned. We may regard these personality handicaps as the covert mechanism that, under certain stimuli, issue later into overt behavior."

I have dwelt somewhat in detail upon these two trends in the etiological discussion of delinquency, not for the purpose of accepting or rejecting either, but in order that the reader may have some idea of what facts are actually available in this field of mental hygiene. The average consumer of such statistics as I have quoted either takes sides with one group or the other, according to his own peculiar prejudices, or else, finding that scientific data conflict, he discards all such research *in toto,* declaring that the crime-punishment methods prevailing in the days of his father and grandfather are still good enough for him.

But whatever may be his conclusions, he is sure to be quite oblivious of the fact that delinquency is his problem just as much as it is the problem of those who set out deliberately to study it. To collect valuable data on this social disturbance, it is not necessary to become part of a crusade with a formidable organization. The school and probation agencies upon which we thrust the burden of responsibility for smoothing out these wrinkles of adolescent behavior have no corner on community interest in this matter. "It is becoming generally recognized that juvenile delinquency is primarily a problem for the public schools to solve'', says a writer in a recent number of MENTAL HYGIENE.[1] This point of view is common, and is due to the fact that the school excels all other socializing agencies in the influential possibilities of its relationship to childhood. To be sure, the school has been slow to realize that merely sharpening the intellectual claws of an individual over a certain period of time does not necessarily enable him to fit into the body politic with success and harmony. The road to insight into this fact has led education from a study of curricula to a study of the candidates for curricula.

This search for special abilities and disabilities by virtue of which the child is guided to find his proper level of satisfaction and contentment is still limited for the most part to a rough estimation of his mental and physical endowment. Evaluation of his mental equipment is considered the province of the academic system; evaluation of his physical endowment falls to the lot of organized medical supervision. Between this division of labor and its dealing with a hygiene of organs and systems, the hygiene of the child as a person is lost. A critical scrutiny of behavior vagaries, except in so far as they can be charged directly to deficient intellectual or somatic organization, is an undeveloped art in the majority of school systems. Stubbornness, daydreaming, tearfulness, sulking, temper outbursts, are troublesome classroom problems which are considered well managed if handled in such a way as not to demoralize the group discipline.

But if these vagaries of behavior take the form of aggressive antisocial trends, such as persistent truancy, stealing, sex aberrations, or the like, immediate action toward readjustment must be instituted. If modification cannot be effected through the combined efforts of school and home, the services of other child-caring systems are requisitioned, and the child comes up against the machinery of the law. This means, in some instances, that he becomes part of a court record with a definite charge preferred against him, and in other instances that he is handled ''unofficially'', but within the shadows of juvenile probation. Now as a matter of fact a surprisingly large number of seriously misbehaving children are readjusted in the latter informal manner, according to the available equipment of probation personnels. It is small wonder, then, that juvenile-court organizations criticize the school, because, as a result of its inadequate provision for studying the semi-delinquent, it rushes all too quickly to the conclusion of incorrigibility.

---

[1] See *Problem of the Quasi-Delinquent in the Schools*, by Dorothy Wallace. MENTAL HYGIENE, Vol. 8, pp. 115-65, January, 1924.

And while court is criticizing school for not doing more of its own laboratory work on misbehavior, the school in turn is excusing its weakness by claiming that reformatory measures are the function of probation agencies. The pity of it is that neither institution knows much about the practical activities of the other, or is aware of the possibilities for coöperative therapy.

Eliot[1] tells us that his study of the juvenile courts in this country reveals "the almost total absence of any socially economical correlation between the courts and the educational systems of our cities". If such a degree of aloofness prevails between two institutions so important in the readjustment of the delinquent child, how can we expect to quicken the conscience of other influential factors in the community to a sense of personal responsibility in this matter? Among these other influential factors are medical and nursing contacts, especially those that are a part of organized health activities. It is rare to find a school physician, or a member of a city dispensary staff, interested in the behavior problems of his patients unless these behavior problems are on the basis of faulty physiological functioning.

If a school child steals or manifests sex misconduct, no mention of these facts appears on his medical card or in the record of the school nurse, unless the antisocial behavior is associated with a positive blood Wassermann or evidence of increased intracranial pressure. The etiology of his conduct disorder belongs to the realm of psychology, and the disposal of his case to the juvenile court or a children's aid society.

The same principles of strict neutrality hold true for the business and industrial branches of society. They want marketable material from the schools, and have no time to make *dreck* utilizable. In like manner the machinery of law, except in a few cities, is not equipped to interfere in a domestic relation such as exists between parent and child, unless the conduct of the latter is serious enough to warrant recognition through formal legal procedures.

---

[1] See "The Back to the School Movement", by Thomas D. Eliot. *Journal of Delinquency*, Vol. 7, pp. 334-49, November, 1922.

Now there is no reason why we should not have court functioning that takes into consideration family situation and social setting in relation to the delinquent conduct. School, welfare agency, and home need some informal judiciary bureau for the arbitration and readjustment of family problems, which continually call for a certain measure of authoritative review. This bureau should not be in the nature of a last resort, or a drastic threat, but a place easily accessible to those who wish to discuss honestly all the facts of every delinquent problem, rather than to dispose of cases to lighten a docket.

We shall have such a legal center for arbitration when public opinion really demands it. Under the pressure of similar public opinion, we shall have health departments staffed by doctors and nurses trained to consider the health of the individual as a whole, and not merely the structure of his physical organism; and we shall have systems of education interested in a study of the child as an individual, just as much as in the study of the behavior of his intellectual equipment. Such public sentiment will come into being when we all cease to think of conduct disorders as sporadic occurrences quite removed from our immediate midst and, sitting back in this philosophical complacency, to relegate etiology and treatment to specialized branches of research. The school cannot handle the delinquent alone, the court and its allied agencies cannot handle him alone; but both institutions can and will work in harmony and accomplish tremendous results when they have a community backing of earnest and intelligent interest.

One of the most important means of arousing a general sense of responsibility in regard to the delinquent is a greater emphasis on the possibilities of readjustment that lie within reach of all sorts of individuals and social groups if they did but know it. There is a popular notion that if the faulty behavior mechanism takes the form of misappropriating another's property, of lying, running away from home or school, of sex misconduct, or the like, we deal invariably with the stigmata of vicious and degenerate trends which require some special technique of therapy known only to a few experts in the field of mental hygiene. The simple and common-sense methods of approach naturally adopted in any other problem of childhood behavior are in the case of the delinquent conceded to be inapplicable even for trial. It is for the sake of encouraging greater boldness in the use of the commonplace and non-spectacular in our therapeutic efforts with these small patients that the writer has ventured to present the following case material.

From September 1920 to September 1923, there were examined as new cases in the Henry Phipps Psychiatric Dispensary of the Johns Hopkins Hospital 1,163 children. Of this number 150, or 13 per cent, were referred for so-called incorrigibility. In studying the content of this material according to the major complaint that brought the child for examination, it was found that the delinquent trends fell with comparatively little overlapping into the groups of stealing, truancy, abnormal sex activities, violent emotional outbursts, untidiness with excreta, and pathological lying.

The present paper is a survey of the adjustment struggles in 48 cases in which stealing was the main accusation. The data presented in the tables that follow the article (pages 934–47) cover periods of from one to three years; 15 of these cases have been followed for three years or more, 19 cases for two years or more, and 14 cases for one year or more. In only 10 cases has there been intensive psychiatric social research by the children's worker on our dispensary staff. In the adjustment of the remaining 38, this worker and the examining psychiatrist have acted merely in a consulting and advisory capacity. From time to time the child has come back for review of his problems or the measure of encouragement to which his improvement entitled him. A typed report of these examinations, together with suggestions in regard to school, vocational, or recreational situations, was sent to the organization that sponsored each case. Our monthly conference with the Henry Watson Children's Aid Society, for example, is given over to informal discussions of the problem children among their wards. It is in such simple experience meetings that dispensary and social agency get to know each other better, and to understand that their interests are mutual. Among other things we, in our hospital setting, learn some of the practical handicaps under which these community agencies are striving to do the best they can, and they, in turn, come to realize what social facts must be available for the helpful sizing up of any behavior problem of childhood.

There is nothing unique to report as to the methods employed in the examination of the children discussed in these notes. Compared with the technique of Healy, Goddard, Glueck, and others, our investigation appears sketchy. Each child had a thorough physical examination by the medical or pediatrics staff, together with a blood Wassermann and any special attention to eye, ear, nose, throat, teeth, and so forth, that was indicated. Aside from the tuberculosis discovered in two colored children, and the Neisser infection in one white girl of eight, the physical condition of these children was found satisfactory. From a mental standpoint, each child was standardized according to the Terman revision of the Binet-Simon test. No other "refinement of standardization" was used. Restandardizations were of course made on every child who showed any appreciable discrepancy between actual age and mental age at the time of the first examination.

Among these 48 children with stealing as the dominant delinquency we have 13 (27 per cent) mentally defective, and 35 (73 per cent) with normal intellectual equipment.

Aside from the data of the formal physical and mental examinations, the child's conduct disturbance was sized up from a consideration of the facts associated with his environmental start in life, his characteristic habits of reaction as drawn out from himself, and the stories of others. By virtue of such facts, etiology, so far as the main objective in these 35 non-defective delinquents is concerned, can be formulated according to the seven divisions—A, B, C, D, E, F, and G—indicated in the tables.

These etiological facts are fairly constant findings by most investigators in this subject, but the possibilities of practical adjustment in the average run of such cases have not been sufficiently emphasized. Outside of two instances of psychopathic personality and one child who died, the writer is able to report 29 cases of complete adjustment in this non-defective group of stealing adolescents. Twenty-three of this number were adjusted outside of correctional institutions. In only 7 of the above-mentioned 23 cases was rehabilitation due to intensive psychiatric social work by the children's worker on our Phipps Dispensary staff. This means that community agencies in our locality are learning something about the fundamental problems in this phase of childhood conduct disorder, and are facing the issues with patience and intelligent enthusiasm.

A discussion of the divisions outlined in the accompanying tables presents these issues in some detail.

A. Here we have stealing to gratify normal childish cravings for coveted "eats" and toys, bright-colored pencils, clean white copy books, and many another treasure dear to the heart of a child. There is a human appeal in this covetousness, but in spite of it one cannot ignore the serious consequences involved if such activities are allowed to establish ethical pattern reactions. Therapy should, accordingly, be directed towards environment rather than child. Teacher and parents should be urged to replace their constant reiteration of crape-hanging prophecies by greater efforts to create conditions more suited to the child's needs. The ingenuity and energy that the child puts into supplying his wants surreptitiously can easily be diverted to play or some other wholesome activity. In our own series, No. 2 (Leslie B.) would never have been sent to a correctional school had his parents not refused to assume responsibility for him at home, and had the child not begged to go to a school about which he had heard his two older brothers talk with enthusiasm. In fact it was always problematical whether Leslie did not steal just to be sent away from home and its continuous brawls.

B. In this group of cases in which stealing seems motivated by the spirit of adventure fermenting in highly imaginative young people, we have an etiology that is very popular in newspaper write-ups on all sorts of young delinquents. Only six of our non-defectives, however, could be included in this category. Nos. 11, 12, 13, and 15 were bright, active boys who expressed in their misbehavior a natural and essentially healthy protest against being forced to conform to a drab routine of school, lonely and unattractive home conditions, and parents who frowned on any play carried on outside of their respective back yards. In these children there was no vicious habit formation, as was proved by their quick response to other influences. That they could in time develop momentum in dishonesty is illustrated by No. 14 (Cloyd J., colored), who already has acquired two court offenses since we first examined him three years ago. The child's gradmother has consistently refused to recognize his difficulties, and there is reasonable suspicion that she profits from his stealing. It seems unfortunate that our social system has no way of forcing this issue until its members become more serious victims of this lad's depredations within a few years.

In No. 10 (Calvin B.), we have a boy whose bandit cravings were of long duration, and saddled with the lawlessness and bravado of a solitary young male growing up without paternal influence—his parents were separated—and idolized by his mother and older sister. As a child he was over-indulged and waited on. With an intelligence quotient of 100 and an attractive personality on occasion, he found himself barely in the fifth grade at thirteen years. Truancy and eventually stealing followed. He was referred to us by his teachers, who seem from the first to have given him all the help in their power.

On examination the boy appeared to be in need of rigid and consistent training in the fundamental social requirements of law-abiding society. He was proud of his success in terrorizing home and school, and boasted that nobody had "tamed" him yet. The mother was advised to put him in a correctional institution, as a military school was beyond her means. She was deaf to all arguments. In the meantime the school was asked to give him another trial, and he was started on a program of athletic and other recreational interests. For several months he went on without any open misdemeanor, but with a great deal of grumbling about his teachers and athletic instructors, who in turn complained that he was late, and sulky and full of excuses.

One day he and a comrade broke into a doctor's office, attempting to find material that could be pawned. While awaiting his hearing in the juvenile court, Calvin went into an alley outside this building and broke twenty-nine windows. Brought in by an officer, he laughingly remarked that this was one more thing he had got away with. On the strength of this last escapade the mother's consent was obtained to commit him to a correctional institution till he became of age. At the end of this period the father plans to apprentice the boy to his own trade.

It took nine months for this training school to get any positive response out of Calvin, but during the past year his improvement has been marked. He is making good progress in the high-school curriculum, and putting into other constructive forms all the energy and cleverness that an inadequate home training had previously misdirected. One feels that this improvement is genuine, permanent, and progressive.

The significance of the social readjustment is worthy of emphasis. We have here two parents separated for years, and yet agreeing on plans for this boy. Had he been given a sentence commensurate with his delinquency, his stay at the school would have been little better than demoralizing. With fourteen years' start in indulging every impulse, it is small wonder that it took almost a year of rigid and consistent training to awaken the boy to a realization that he had possibilities in the way of a different kind of behavior.

C. In stealing to obtain pocket money for the establishment of social equality, we have an activity that again is unethical, but that is born of human strivings very common in adolescence. It is frequently seen in institutional children who, going out to public school and other places, suffer from a certain feeling of ostracism as a result of having no definite home affiliations. To teach thrift by means of encouraging bank accounts and generosity by encouraging saving for free-will offerings is an excellent principle in the case of children who have even a small amount of weekly money to be spent without supervision. But matrons and foster-parents forget their own childhood experiences, are aghast at missing change, and frequently do a great deal of damage to sensitive feelings by loud abuse and haranguing. This sometimes results in spontaneous adjustments like that of No. 16, in the tables.

D. This motive for stealing—a combination of bad companionships and inadequate opportunities for play and other expressive outlets—is in theory a factor commonly encountered in all types of delinquencies. Yet in our non-defective group only 3 children measured up to such popular expectation. This may be due to the fact that we see in the Phipps Clinic very few routine juvenile-court cases in which gang activities are said to be conspicuous. A glance at the table corresponding to this classification shows the difficulties encountered in finally adjusting these children. Complete change of environment would seem to be an ideal therapeutic procedure. It is a bit optimistic to expect a child suddenly to break off his unwholesome behavior when he remains surrounded by all the associations of people and situations originally responsible for his practices, and yet families are loath to accept such radical advice, and are baited along by the child's promises to do better.

The writer would call attention to the heroic struggles of the Henry Watson Children's Aid Society in the case of No. 21 (Jackson S.). After three years of trial in four boarding homes, he has at last settled down to an excellent record for the past fifteen months in one home. His interest in entering high school augurs for a genuine rehabilitation, and this without a court record.

E. We have in this group perhaps the most interesting of all the etiological motivators of stealing, by reason of its subtlety and its illusiveness. Stealing as an expression of a specific emotional reaction involves mental attitudes that are sometimes deliberately cultivated, as in Nos. 23 and 25, and sometimes develop in the course of childish gropings for a vague and inchoate satisfaction in environmental relationships, as in Nos. 24 and 26. In any case the dynamic drive is capable of offering tremendous resistance to unwise social handling. The successful adjustment of the 5 cases reported here has involved the exercise of more tact, patience, and skill than can begin to be recorded in tabulation.

In illustration, one might sketch the case of No. 22 (William S.). In 1915 we committed his father to the state hospital as a case of schizophrenia. In 1916 this boy was referred to us by school No. 51 as "mentally retarded and troublesome". His intelligence quotient was found to be 100, but aside from the sending of a written report to the school, no action was taken in regard to the matter.

In October, 1921, William was again brought to us by a school nurse with the complaint that he was stealing change promiscuously for movies, that he was truant a good bit, and that when in school, he demoralized discipline completely. Once more William standardized satisfactorily. The school was visited and it was discovered that, from principal down to the humblest teacher, there was but one idea of William: "He is either feebleminded or insane—maybe both. You know his father is in an asylum."

The child was dragging along in the fifth grade, spending most of his time in the coat closet for "trifling". To be sure, his teacher left the door open a bit "in order that his desire to learn, if he has any, may not be thwarted". Not responding intellectually or emotionally to this process of academic osmosis, William developed solitary habits of wandering off into the country or straying into movies, financing himself with money obtained from questionable sources. Nobody paid much attention to him, for even his mother did not consider him responsible.

After much effort we got the boy admitted to a boys' home in a town from which he could make entirely new school affiliations and later take up a trade. The first few months of this new environment were stormy with tears and running away and tantrums, but since then his adjustment has gone on smoothly. After going as far as the seventh grade, William began work at the book-binding trade, in which he has already received two promotions. Since September, 1923, he has been living at home with his mother and is attending night school. The development of a healthy mental attitude in this boy has been gradually achieved through creating opportunities for him to find himself, rather than by directing his attention toward introspection and self-analysis.

F. Of the 7 cases recorded under this etiological classification, only 5 have been adjusted, and 3 of these through correctional institutions. There is no doubt in the writer's mind but that the 2 unadjusted cases would have been swung into line also had the machinery of the law functioned less automatically. In this subdivision of the tables, one finds not only stubborn adjustment problems, but a predominance of court records. These two facts are due to what Healy has aptly termed "the dangerous unconcern of parents".[1]

In the case of every one of these 7 children, there is a history of lifelong tendencies toward mental attitudes of dishonesty. Some of them have been copied directly from parental patterns; all of them have flourished under deliberate parental nurture. In some instances such attitudes involve only one parent, who uses the child as a buffer against the other; in other instances they represent a certain spinelessness of character in the parents, who shrink from correction and training for fear that they will destroy the child's filial affection. But commoner yet in these cases is a parental attitude of fundamental insincerity, expressed in continuous compromises and dodging, which meets all the rehabilitating efforts of school and other community agencies with noble rationalizations: the child is picked on because he is poor, or foreign born, or without a father to defend him, and so forth. These arguments sound plausible to a beneficent, but overworked judge, and, throwing aside all the social facts gathered from responsible sources, he returns the child to an environment in which it has never had a day's training.

The case of No. 30 (Charles H.) is pertinent in illustration. Charles and Edward are brothers with the same background of inheritance and environment, and under the maternal shadow they both developed the same sneak-thief activities. Edward, given by the court to the Henry Watson Children's Aid Society three and a half year ago, improved quickly on transfer to a boarding home and is now in his first year at

---

[1] See *Honesty*, by William Healy, M.D. Indianapolis: The Bobbs-Merrill Company, 1915.

City College. Charles was returned to his mother because he was the youngest and "needed a mother's care".

No. 28 (Ralph N.) is yet another case in point, exemplifying also the demoralizing effect of the writ of habeas corpus. Ralph and his brother Clarence were referred to the psychiatric dispensary by a school nurse in August, 1921. Ralph was fourteen years old and Clarence thirteen. The complaint was "faulty school attendance resulting from escapades, lack of discipline, and paper selling without license". Tested by the Binet-Simon test, both boys standardized at 10 years plus. The story behind their demoralization was as follows: The father married the mother after a hasty courtship. The man proved to be illiterate and shiftless. He was the youngest of thirteen children, the weakling of twins, and "sickly". The couple lived in Alabama for a while and then moved to Florida; one child was born, another, and then a third. Under the increasing responsibility the man began to complain of aches and pains. He took up "for his health" traveling for a piano house. This necessitated his being away from home frequently for long intervals. When he was at home, he and his wife argued at length, he because the wife's sister lived in the household and added to the mouths to be fed, and she because he was never at home, took no responsibility in the rearing of the children, and paid overmuch attention to other women.

In 1912 the woman left the man, and came north with the three children. The youngest child is a girl. The mother established a home in Washington, and during her four or five years' stay there became known to all the charitable agencies in that city. The elder boy, Ralph, was committed to the Washington Hospital Asylum in 1918, for observation, following an attack of influenza. While there he earned, as epithet or term of endearment, the title of "Peck's bad boy". No organic disturbance was found.

Clarence, the younger boy, has not been a "self-starter" in the entanglements in which the boys have figured. He has followed rather than planned or led any escapades involving truancy and night wanderings.

In 1920 the mother moved to another city with the three children, that she might be part proprietor in a hotel. This fourth change of residence and the continued lack of discipline demoralized the boys still further, and Ralph got into serious trouble by stealing an automobile. He was sent on a county charge to a correctional institution, staying there for six months until, through habeas corpus proceedings, the mother got him paroled to her.

Returning home, he began his career of truancy and petty thieving where he had left it to go to the industrial school on the graver charge. The mother had already more than she could handle with any degree of success; she was receiving aid from all her relatives and failing to make ends meet even with that assistance. Not taking this fact into consideration, she adopted a little girl of two who was being "neglected by her parents". In 1921 the family moved to Baltimore. By this time there were five of them dependent on the activity and ability of the mother.

With poorly organized plans and frequent resorts to charitable organizations and benevolent individuals, the family managed to stay together until their appearance at the dispensary in August, 1921. The boys, at the time they applied to the dispensary, were both lodged in the third grade of a public school. Ralph was repeating this grade for the fourth time and Clarence for the third time. The principal talked in a hushed voice and with elevated brows of the many misdemeanors of both boys. One had been heard to plan the theft of a horse and a trip to Washington with the stolen goods. Both boys were frequently out all night, no one knew where, and Ralph on one occasion had gone off for several days.

For two years following their visit to the clinic these boys were made the objects of special attention by social worker, truant officer, principal, and grade teacher. They were boosted, prodded, encouraged. The mother was gone over physically and operated on. The family moved along with ups and downs. The boys had reached the fifth grade in November, 1922. At this time their truancy became so marked that the matter was taken to the juvenile court. Before being taken there, they were restandardized and both of them showed an intelligence quotient of 100. Two years previously Ralph had standardized at 71, and Clarence at 76. The two years of effort on behalf of these boys had at least proven beyond question that they were not defectives.

In spite of the urgent request of social worker and truant officer, the judge did not see fit to commit Ralph to an institution where continuance in school would be compulsory. Clarence was sent to the parental school which, though ideal in some cases, is always a temporary affair, necessitating readjustment following parole—not a stringent, but a palliative measure.

Ralph was told by the court to go to work. Three jobs were found for him, each one of which he abandoned or dropped. An opportunity arose to place him in an excellent boys' group, but when sent to interview the director, the boy was so insolent that he was turned down as a possible candidate. Five days after this, and two and a half months after being recommended by the juvenile court "to get work", this boy stole $65 and an automobile, and was picked up by the police fifty miles south of Washington. He was recommitted to his former correctional institution.

Nine months later he ran away from this school to his mother, and was not remanded. During the past eight months he has drifted from job to job, and is undoubtedly dabbling again in questionable practices. Clarence has been paroled from the parental school, and is working at a small job. Both he and Ralph are out late at night. The mother neglects to mention Ralph's escape from the institution to which he was committed and, smiling, refers to him as "a pretty good boy".

It hardly requires the gift of prophecy to foretell the future of these boys. Should they (Clarence has no record for stealing as yet) be included among the probably psychopathic personalities described in Group G? Does their adjustment failure mean that they are constitutionally lacking in trainable material, or does it mean that these boys are the victims of a social system which is weak in the functioning of its authoritative support?

G. Of the 2 cases recorded under the etiological heading Psychopathic Personality, one has been followed three years, and the other but a little over a year. The former (No. 35) gave evidence of poor reconstructive material at the time of the first examination, and in spite of all efforts towards readjustment on the part of the children's agency whose ward she is, Reba A. remains socially undependable. Robert P. has been for fifteen months under the influence of the same training contacts that resuscitated Calvin B. (No. 10) and others, but so far he has not given evidence of responsiveness to even the rudiments of good habit formation. He has spurts of activity which are quickly replaced by sullenness and slipshod work, and he shows solitary social characteristics. At present writing he bids fair to become a chronic court repeater and semi-dependent.

Defective group.—In studying the data of the cases in the defective group the reader's attention will be attracted by several important facts: evidence of chronic instability in the developmental data, the constant repetition of simply planned delinquencies that stand out in marked contrast to the chronological age of the child, and the completely ineffectual adjustments resulting from society's determination to make the defective delinquent respond to the same therapeutic measures that work with offenders of normal intellectual capacity. The social agency realizes that its attempted adjustments are merely makeshifts, and the court sends these children to correctional institutions because it has no other alternative. The defective delinquent, even more than his non-defective brother, is a community responsibility. Limited in intellectual endowment and mechanisms of control, the defective is not only abnormally suggestible, but he is also abnormally dependent for social adaptation upon his habit formations. Yet school systems throughout the country, except in a few large cities, make no serious effort to utilize the trainable material that he offers. It is chance association that determines his delinquent trends, but once established and well under way, there is, as Healy has shown, no treatment but segregation in an environment that takes into account the child's disabilities. The state of Maryland has no training school for colored feebleminded persons. Its training school for white defectives does excellent work, but does not begin to serve the needs of the children who should come under its care. It is unfair to child and unfair to institution to unload the defective delinquent upon our correctional schools. Yet with the exception of a few states this is done throughout the country.

In a subsequent number of MENTAL HYGIENE the writer will continue this discussion of dispensary contacts with delinquent trends in children with an account of another group of cases that have been followed for a sufficient period reasonably to establish the effectualness of adjustment. Meantime, in generally reviewing the cases described in the present paper, the reader is invited to study the etiological data presented, asking himself whether the behavior vagaries recorded are individual or follow a law of predisposition in which environment is merely a trigger touching off some "cell memory of the nervous system". Is the almost invariable occurrence of facts that indicate family disintegration in the background of this particular group of delinquents to be interpreted as a natural phenomenon in the transmission of unhealthy types of adaptation from primitive man to the present generation? If so, how does one account for the satisfactory results achieved with these non-defectives by the relatively simple adjustment procedure of modifying environment so that the child has opportunity for direct and indirect training in other social standards?

The reader might also note that, except in a few instances, the public school cannot be said to have "driven" this particular group of children into stealing by failure to supply normal outlets for energy. Teachers as a whole have gone out of their way to get light on these problem children, and when it was obtained from parental, social, or medical sources, the school has entered enthusiastically into the program suggested.

Another feature worthy of consideration is the educational rôle played by correctional institutions when they are given a reasonable opportunity to exercise their function. We call them "training schools", yet the average citizen pays scant attention either to the type of material sent there to be trained or to the educational facilities with which the institution is expected to perform miracles in the few months of short commitments.

To make this same citizen lift his eyes from the day's labor to recognize all these opportunities for human economy, mental hygiene is pouring its energies into all sorts of protean activities. Evaluation of results will be the privilege of succeeding generations. Mental hygiene is a commodity that cannot be sold to a community on a business basis. Statistics of pamphlet and lecture impress for the moment, but they alone cannot militate against lifelong attitudes of mind and traditions of thought. Like any other educational movement, mental hygiene cannot be fed to a group of people, lay or professional, a bit faster than they have the ability to take it in. For ten years the Henry Phipps Psychiatric Clinic of the Johns Hopkins Hospital has been carrying on its work in the city of Baltimore and in the state of Maryland, yet it has taken all that time to make even this modest impression upon the social conscience of the community so that it not only has insight into its own needs, but understands better how to help itself. The adjustment results obtained in the cases reported in this article, and those to be reported in subsequent papers, have been made possible by reason of the contacts between dispensary and community that were builded for seven years by Dr. C. Macfie Campbell—and they were builded well.

KEY TO ABBREVIATIONS IN TABLES

H. W. C. A. S.=Henry Watson Children's Aid Society } Baltimore Alliance
Family Welfare Assoc.=Family Welfare Association. } Organization
Balto. Co. C. A. S.=Baltimore County Children's Aid Society.
Psych. Soc. Serv.=Psychiatric Social Service—Johns Hopkins Hospital.
Hebr. Benev. Soc.=Hebrew Benevolent Society }
Big Brother League } Jewish Alliance
Jewish Children's Bureau }
Training School=Maryland Training School for Boys.
Other correctional institutions referred to are St. Mary's Industrial School, the Montrose School for Girls, and the House of the Good Shepherd.
“Institution for Defectives”=Rosewood, Maryland Training School for Feeble-minded.

A. Stealing to Gratify Normal Childish

Patient.	*Age at 1st examination.*	*Mental status and developmental data.*	*Type of delinquency — stealing.*
No. 1 Sam. R.	6+	Normal mentality. Parents separated. Isolated environment with mother.	Petty thievery to satisfy normal childish cravings for oranges, pencils, etc.
No. 2 Leslie H.	11	Precocious child. Open and continuous parental friction over children's training. Two brothers in correctional institutions.	Petty thieving for movies and candy. Truant. Child asked to be sent to training school from which brothers had gone out and made good.
No. 3 Frank W.	6+	Precocious child, energetic, stubborn. Recent commitment to H. W.C.A.S.	Stole bicycle and roller skates from school playmates. Destructive and abusive when caught.
No. 4 Lavinia S.	11+	Normal mentality. Brought up as foster child of strict and unimaginative parents.	Stole watch and trinkets while playing in neighbor's house. Ran up $1.50 store bill for candy. Inadequate remorse. No spending money.
No. 5 Max R.	12+	Normal mentality. Sensitive and taciturn. Father psychotic; stepmother chronic community dependent.	Four-year record of stealing coins for movies.
No. 6 Isadore R. (brother of Max.)	11	Normal mentality.	Same accusations and reactions as in case of Max.
No. 7 Helen H. (colored)	10	Normal mentality. Tuberculosis. Stepmother.	Referred by stepmother for stealing food.
No. 8 Leonard F. (colored)	7	Precocious child. Mother and two paternal aunts "insane". Desultory development in overcrowded foster home. Unhappy.	Began stealing food at 6 years. Truant. Tuberculosis involvement.
No. 9 Casimir K.	8	Precocious child, sly, aggressive, thrifty. Uncontrollable since father's death 2 years before. Dependent family.	Petty thieving (candy, pencils erasers, tinseled ornaments) with truancy.

Cravings for Candy, Toys, Pencils, etc.

Time elapsed between 1st examination and present status.	*Court record for delinquency.*	*Agency through which adjustment was attempted.*	*Present status.*
2½ years	No.	Psych. Soc. Serv. coöperating with H.W.C.A.S.	Boarding home with adequate social contacts. No further complaints.
2¼ years	Yes. "Minor without proper care—delinquent."	H.W.C.A.S., in supervising capacity. Child's wishes recognized. Committed to training school.	Excellent record. Sixth-grade curriculum.
2¼ years	No.	H.W.C.A.S., which reports adjustment satisfactory after 5 boarding homes.	Present satisfactory status achieved through firm and patient disciplinary measures balanced by wise arrangement of leisure time.
2¼ years	No.	H.W.C.A.S., which removed child from long-standing environment.	Satisfactory conduct standards. Seventh-grade curriculum. Contented child.
2⅙ years.	No juvenile-court record for delinquency. Taken there by parents "to be admonished and advised".	Juvenile court.	No further conduct disorder reported. Child in junior high school.
2⅙ years.	Same as above.	Juvenile court.	Same as above.
1 year.	No.	Died in Children's Hospital, May, 1923.	Dead.
1⅓ years.	No.	Pediatrics; social-service follow-up; medical therapy.	Tuberculosis inactive. No more stealing or truancy, but child still unhappy. Change of environment hoped for.
3¼ years.	No.	Family Welfare Asso., which improves home conditions with increased budget.	No further conduct disorder. Sixth-grade curriculum. Mother remarried.

B. Stealing to Satisfy Bandi

Patient.	*Age at 1st examination.*	*Mental status and developmental data.*	*Type of delinquency — stealing.*
No. 10 Calvin B.	13	Normal mentality. Parents separated. Tearful mother. Inconsistent discipline.	Robbed doctor's office; truant an window breaker. Referred b teacher.
No. 11 Robert M.	8+	Precocious child, imaginative, adventurous. Brought up by simple, apprehensive aunt.	Under movie inspiration, stol $100 from aunt, reacting t subsequent inquisition by pseu do-amnesic states diagnosed "in sanity" by family physician.
No. 12 Chas. W.	11	Normal mentality. Alone all day when out of school. Both parents work.	Stealing food from freight cars an storing it in cave on vacant lot Misdirected craving for ad venture. Truant.
No. 13 Francis B.	12+	Normal mentality. Father floating paretic; mother working. Background of open domestic friction plus constant repression of childish interests and energy.	Stole money from mother t finance 3-day vagrancy in mid winter, returning with froze feet.
No. 14 Cloyd L. (colored)	8	Normal mentality. Father, penitentiary sentence; mother deserted child at 5 years. Street-Arab material, smooth, alert.	Stole grandfather's watch o two occasions, selling it fo small change. Truancy. Des ultory supervision by grand parents.
No. 15 Daniel W.	7	Precocious child. Very imaginative and energetic. Father tuberculous invalid; mother kept small store.	Helped himself to money fro store till. Delinquency partly o basis of adventure and partly i imitation of older brother wh had been put in correctional in stitution a year before.

CRAVINGS AND THE SPIRIT OF ADVENTURE.

Time elapsed between 1st examination and present status.	*Court record for delinquency.*	*Agency through which adjustment was attempted.*	*Present status.*
2½ years.	Two previous juvenile-court offenses.	Psych. Soc. Serv., by eliciting parental coöperation in commitment to training school until 21 years old.	Excellent conduct record. High-school curriculum.
2½ years.	No.	Psych. Soc. Serv., which assists aunt to institute more elastic recreational program.	Satisfactory conduct adjustment. Sixth-grade curriculum.
1¾ years.	Previous court record for delinquency.	Psych. Soc. Serv. in coöperation with Family Welfare Assoc. Mother refused to discontinue work in spite of possible budget adjustment.	No court offense since referred to clinic. Truancy and stealing discontinued.
1½ years.	No.	Psych. Soc. Serv., by eliciting parental coöperation in framing recreational program suited to childish needs.	Complete discontinuance of conduct disorders. Affiliation with Boy Scout troop; summer camp.
3 years.	Two court offenses.	H.W.C.A.S., which attempts rehabilitation with period of habit training in correctional institution.	Grandmother took over child. Stealing continues. Fifth-grade curriculum.
2 years.	No.	Jewish Children's Bureau.	Father reports "improved, but not perfect". Occasionally takes a nickel. Parents kindly, indulgent, untidy.

C. Stealing to Supply Pocket Mone

Patient.	*Age at 1st examination.*	*Mental status and developmental data.*	*Type of delinquency — stealing.*
No. 16 Wm. C.	16	Normal mentality. Ward of H. W. C. A. S. Excellent school record.	Began taking spending money a 15 to establish necessary soci equality. Given no allowanc nor paid for chores.
No. 17 Dorothy S.	12	Normal mentality. Only child of widow; stubborn, egotistic, vain, lazy.	Placed in boarding school beyon her social depth. Stole lingeri cosmetics, small change.
No. 18 Allan F.	13	Precocious child, ward of orphanage. Affable, industrious.	Referred by matron for inexpli able onset of taking chang from her purse for spendin money. Child's pay for chore about institution divided be tween bank account and Sunda school.

D. Stealing Initiated by Bad Companio

Patient.	*Age at 1st examination.*	*Mental status and developmental data.*	*Type of delinquency — stealing.*
No. 19 Mary W.	8	Precocious child. Orphan, living with sister. Sex irregularities and Neisser. Sly, untruthful.	Promiscuous stealing. Truanc No connection established b tween stealing and sex irregula ities.
No. 20 Wm. McG. (colored)	15	Normal mentality. In high school. Suggestible. No athletic facilities. Neighborhood gang.	Made stool pigeon for stole goods.
No. 21 Jackson S.	11	Normal mentality. No history available preceding commitment to H.W.C.A.S. 18 months previous. Alert, suggestible.	Stole money from foster mothe Claimed he gave it to big bo who promised him candy.

FOR ESTABLISHMENT OF SOCIAL EQUALITY.

Time elapsed between 1st examination and present status.	*Court record for delinquency.*	*Agency through which adjustment was attempted.*	*Present status.*
1½ years.	No.	H.W.C.A.S. attempting adjustment, boy ran away and joined army.	Has attained sergeant's rank; is attending school and working as file clerk. Excellent record.
1½ years.	No.	Psych. Soc. Serv. Attempts at adjustment without change of environment unsuccessful.	Reconstruction satisfactorily achieved. Pupil in school conducted by Sisters of St. Mary (Episcopal.)
1 ⅓ years.	No.	Orphanage. Child given 25 cents of weekly earnings for pocket money.	No stealing since referred to clinic. Enters City College September, 1924.

SHIP, INADEQUATE PLAY OUTLETS, ETC.

Time elapsed between 1st examination and present status.	*Court record for delinquency.*	*Agency through which adjustment was attempted.*	*Present status.*
1½ years.	Yes.	Psych. Soc. Serv. attempts to effect H.W.C.A.S. supervision in boarding home. Kin suspicious and antagonistic.	After repeatedly running away, child committed to correctional institution. Neisser adequately treated. Third-grade curriculum. Satisfactory conduct report.
2¼ years.	Yes.	Baltimore Co. C. A. S. reports two court offenses for running away since examination in clinic.	At first drifting. Guardians indifferent to suggestion of enforced habit training. Entered Agricultural College. Satisfactory adjustment.
3 years.	No.	H.W.C.A.S. reports final elimination of conduct disorder after trial in 4 boarding homes.	Excellent record. In one home for 15 months. Beginning junior-high-school curriculum.

E. STEALING AS AN EXPRESSION OF SPECIFI

Patient.	*Age at 1st examination.*	*Mental status and developmental data.*	*Type of delinquency—stealing.*
No. 22 Wm. S.	13 +	Normal intelligence rating. Stubborn, lazy, solitary, school misfit. Father in state hospital. Mother and teacher believed boy "was going the same way".	Took small change promiscuously truant; movie addict. Delinquency on basis of defectiv home training and school blundering.
No. 23 Catharyn C.	8	Normal intelligence rating. Energetic, teasing, temperish, spiteful. Orphaned at 3, lived in separate homes of grandmother and 3 aunts.	Took toys of playmates, watch an other valuables from adults. Destroyed toys and hid valuable enjoying worry of victims. Reacted to discovery and correction by deliberate incontinence of urine. Expelled fro school.
No. 24 Evelyn H.	15	Normal mentality; daydreaming; auto-erotic trends. Family tension during past year over father's recent contraction of Neisser.	Coincident with family friction, child began "short-changing" habit. Insolent on detection Delinquency, a projection o discontent.
No. 25 Ethel B.	8	Normal intelligence rating. Determined, temperish; aggressively antisocial characteristics developing from background of cruelty and neglect. Mother died 5 years before. Orphanage; stepmother. Child determined to continue "bad" as spite reaction to father's indifference.	Took pretty trinkets from department store, and small change.
No. 26 Alice D.	13	Normal mentality. Ward of H.W. C.A.S. since 9 years old. Illegitimate; brought up in garret, beaten and overworked.	Difficult boarding-home adjustment. Child took writin materials, perfume, and small change. Hid stolen article about house. Progressivel more restricted in each boardin home.

EMOTIONAL REACTIONS (SPITE, DISCONTENT, ENVY, ETC.)

Time elapsed between 1st examination and present status.	*Court record for delinquency.*	*Agency through which adjustment was attempted.*	*Present status.*
3 years.	No.	Psych. Soc. Serv. Placed in boys' school for 18 months.	Returned to mother 100 per cent adjusted. Book-binding trade; two promotions; night school.
3 years.	No.	Boarding School of Sisters of All Saints (Episcopal).	No stealing or enuresis for 2 years. Somewhat contentious and defiant.
2¼ years.	No.	Psych. Soc. Service initiates industrial substitute.	Stealing discontinued. Healthier activities. Home hygiene and domestic relationship improved.
2½ years.	No.	H.W.C.A.S. reports discontinuance of stealing and temper tantrums.	Two and a half years in one boarding home. Now living with father, who has remarried. Third-grade curriculum.
3⅓ years.	No.	H.W.C.A.S. reports discontinuance of stealing and satisfactory adjustment in less exacting boarding home, with chance to earn pin money.	Completed eighth-grade; graduated from business college; now stenographer —$12 a week.

F. Stealing as an Effort at Emancipation Developing on Basis

Patient.	*Age at 1st examination.*	*Mental status and developmental data.*	*Type of delinquency — stealing.*
No. 27 Edward H.	15	Normal intelligence. Lazy, overindulged.	Referred by parents to police for robbing father's store.
No. 28 Ralph N.	14	Normal mentality. Over-solicitous mother. Parents separated.	Progressive small robberies to theft of automobile. Demoralized work habits. Shielded by mother.
No. 29 Edward H.	11½	Normal mentality. Recent commitment to H.W.C.A.S. Immoral and slovenly home. Mother living with third husband.	Sneak-thief activities with maternal shielding. Truancy.
No. 30 Chas. H. (brother of Edward H.)	10	Normal mentality. Same home setting as above. Later commitment to H.W.C.A.S.	Accusations similar to Edward's, but used money for cigarettes and movies.
No. 31 Isadore R.	12	Normal mentality, sly, untruthful, shrewd (familial traits). Parents received relief from Hebrew Society for 8 years, when discovered to have $3,000 in bank.	Stole money from mother for years. Protected and excused until larger sums made this impossible.
No. 32 Russell V.	13	Normal mentality. Parents separated. Child living with father and stepmother. Stubborn, undisciplined.	Court record for stealing prior to clinic examination. Second offense accompanied by running away to mother.
No. 33 Raymond B.	11	Normal mentality. Brought up by doting parents as "nervous" child. Spoiled, crafty.	Occasional stealing since 5 years old. Always shielded by mother and defended against school discipline. At 11 years took watch from blind soldier while passing through grounds of Soldiers' Home.

G. Stealing Associated with

Patient.	*Age at 1st examination.*	*Mental status and developmental data.*	*Type of delinquency — stealing.*
No. 34 Robert P.	13	Normal intellectual rating. No definite home in last ten years. Tolerated incumbent of distant kin. Irregular schooling.	Petty thieving all his life culminated in robbing mail box and forging check found therein.
No. 35 Reba A.	14	Normal intelligence rating. Recent commitment to H.W.C.A.S. Vagrant background. Poor reconstructive material.	Picking pockets, smooth lying, habitual ethical lapses.

of Chronic Parental Indulgence and Faulty Habit Training.

Time elapsed between 1st examination and present status.	*Court record for delinquency.*	*Agency through which adjustment was attempted.*	*Present status.*
3 years.	Yes.	Juvenile court. Committed to training school.	Paroled June, 1924. Working at trade. Satisfactory adjustment, due to enforced habit training.
2½ years.	Juvenile-court record in 2 cities.	Psych. Soc. Serv. Twice committed to correctional institution and twice removed by mother on writ of habeas corpus.	Ten months after 3rd commitment boy ran away to mother. Not remanded. 3 jobs in past 8 months; questionable activities.
3½ years.	No.	H.W.C.A.S. reports successful adjustment on transfer to boarding home.	First year City College. Working during holidays.
1⅓ years.	Juvenile court, with recommendation for commitment to correctional institution.	Judge returns child to mother and stepfather. H.W.C.A.S. closes case.	Continues sneak thieving; inveterate movie and cigarette addict.
2⅙ years.	No.	Hebr. Benev. Soc. reports child supervised through their organization by Big Brother League.	No accusations of stealing. Regular school attendance; Eighth-grade curriculum.
3¼ years.	Yes.	H.W.C.A.S. unable to make boarding-home adjustment because of parental interference.	Since commitment to correctional institution 18 months ago, child has received good reports for conduct and school work.
3¾ years.	Yes.	Juvenile court. Committed to correctional institution Oct., 1922.	During past year progressive response to habit training. Sixth-grade curriculum.

Psychopathic Personality.

Time elapsed between 1st examination and present status.	*Court record for delinquency.*	*Agency through which adjustment was attempted.*	*Present status.*
1⅓ years.	Yes.	Baltimore County Children's Aid Society, with commitment to correctional institution.	Unsatisfactory record. No progress in habit formation. Psychopathic personality?
3 years.	Court record prior to 1st examination.	H.W.C.A.S. reports continuation of sly delinquency, but satisfactory school record.	Beginning career of industrial makeshifts and promiscuity. Impression of psychopathic personality confirmed by 3-year record.

DEFECTIV

Patient.	*Age at 1st examination.*	*Mental status and developmental data.*	*Type of delinquency — stealing.*
No. 36 Gordon E.	9	Mental age 7 years. Mother dead. Family history of defectiveness and "insanity". Retarded early development. Enuresis and day wetting.	Began promiscuous stealing at years. Scapegoat of norma playmates.
No. 37 Simon T.	16	Mental age 9 years. Orphanage till 6 years. Impulsive, irresponsible, aggressive.	Court records for larceny since years of age.
No. 38 Katharine P.	15	Mental age 11 years. School till 13; Fourth grade. Enuresis and night terrors till 10 years.	Aggressive lying to attract attention; trouble maker in schoo neighborhood, industry. Bega stealing where first employed — napkins, doilies, then dress fro department store.
No. 39 Anna P.	15	Mental age 10 years. Placed in religious school at 3. Early sex activities. Constant bed wetter.	Child took clothes and embroider from school supplies. Mad dolls' clothes out of material an gave to playmates.
No. 40 Chas. Ed. H.	9	Mental age 7 years. Deserted by parents at 8 years. Ward of H. W.C.A.S. Tantrums, troublesome.	Child was unadjustable in boar ing home because of stealin small change and destructiv tendencies.
No. 41 Jas. R.	10	Mental age 7+. Family dissension. Excitable; scattered reactions.	First referred for stealing from store keeper. Last offens June, 1923—broke into hous and stole jewelry, selling it f 25 cents to negro on the corner
No. 42 Margaret M.	16	Mental age 10 years. Orphanage development. Sex irregularities, enuresis, temper tantrums, pseudo-convulsive attacks from childhood. Sixth grade at 15.	Lifelong history of misappropri ting others' property; unhealth sex activities quite unrelated stealing episodes.

GROUP

Time elapsed between 1st examination and present status.	*Court record for delinquency.*	*Agency through which adjustment was attempted.*	*Present status.*
1¾ years.	Yes.	Juvenile court reports child committed to correctional institution because no room for him in defective school.	Still in correctional institution. First-grade work at 10 years. No conduct disorder reported.
1 year.	Ten court offenses. Three short sentences to correctional institutions.	Juvenile court.	Now on long term in training school. Still troublesome and irresponsible.
2⅙ years.	No.	Psych. Soc. Serv. obtained simple work in J. H. H.	Unable to keep position; troublesome confabulations. At home; spasmodic employment; no further stealing; constant and active maternal supervision.
1¼ years.	No.	Church school (Presbyterian).	Committed to correctional institution.
3½ years.	No.	H.W.C.A.S. reports unsatisfactory adjustment in 4 boarding homes.	Mental age 9 years; third-grade curriculum. Occasional stealing.
2 years.	Court record — June, 1923.	Psych. Soc. Serv. Family refused commitment to institution for defectives. Temporary improvement following home hygiene and relief.	Mental age 8+, Aug. 23. In detention dept. of correctional institution awaiting transfer to school for feebleminded.
3¾ years.	No.	H.W.C.A.S. committed child to institution for defectives.	Released from institution through unscrupulous attorney (since debarred), who contracted for half patient's wages as fee for legal services.

DEFECTIVE

Patient.	*Age at 1st examination.*	*Mental status and developmental data.*	*Type of delinquency—stealing.*
No. 43 Louis D.	13	Mental age 10 years. Only child, spoiled, insolent, conceited, lacking in rudiments of habit formation.	Child took small change from teacher and playmates. Shielded by mother and urged to defy school discipline.
No. 44 Stella G. (colored)	11+	Mental age 7 years. Illegitimate. Ward of H.W.C.A.S. since 9. Five boarding homes. Untidy, cruel, destructive.	Has always stolen everything within reach. Storm center in every boarding home.
No. 45 Tony L.	12	Mental age 9 years. Fourth-grade curriculum. Father alcoholic; died 3 years previous. Superstitious, untruthful, bad-tempered, bed wetter.	Stealing money with which to gamble; gang activities; truant.
No. 46 Sylvan L.	15	Mental age 9+. Sixth grade at 14. Stepmother. Timid, profane, sulky; occasional enuresis.	Stole a knife to play Indian. Took money. Denied thefts when caught in the act.
No. 47 Catharine S.	13	Mental age 10+. Parents separated. Orphaned at 3 years. Six homes and four different schools. Third grade. A drudge. Bed wetter.	Stole food. Took toys and trinkets from playmates.
No. 48 Annie C. (colored)	15	Mental age 9+. Family history of alcoholism and epilepsy. Indifferent to punishment. Happy-go-lucky, with temper outbursts on slight provocation.	Began stealing change at 10 years. Committed to correctional school 1918 to 1921. Released—went to work. Stole $58 from cash register.

GROUP—*(Continued)*.

Time elapsed between 1st examination and present status.	*Court record for delinquency.*	*Agency through which adjustment was attempted.*	*Present status.*
1 year	No.	School nurse reports mother refused to consider training school for defectives.	Child continues as school problem. Third-grade curriculum.
2¼ years.	Yes.	H.W.C.A.S. committed child to colored correctional institution, because Maryland makes no provision for colored feebleminded.	Now 14 years, mental age of 8. Child has reached age limit of this institution.
3 years.	Yes.	Psych. Soc. Serv. obtained coöperation of family in placing boy in correctional institution.	No conduct disorders in 11 months in institution. Completed fourth-grade curriculum, June, 1924. To be paroled Sept. 1. Work adjustment to be attempted.
3 years.	No.	Big Brother League.	Died as result of accident month after examination in clinic.
2 years.	No.	Bureau of Cath. Charities discontinued efforts at boarding-home adjustment. Placed in House of Good Shepherd, Aug. 1922.	Continues at correctional institution. No enuresis, no stealing; content with simple employment.
2 ½ years.	Previous to 1st examination.	Family Welfare Association placed child at simple employment with supervision.	No complaints of stealing since seen in clinic. Married. Cooks in colored rooming house. Moody, suspicious.

MITIGATION OF PUNISHMENT AND EVIDENCE OF MENTAL UNSOUNDNESS*

S. SHELDON GLUECK, PH.D., LL.M.

Member of the Bar of the State of New York; Instructor, Criminology and Penology, Department of Social Ethics, Harvard University

IN those jurisdictions which confer upon the trial court a discretionary power as to degree and type of punishment, an interesting question arises in a case where the defendants plead guilty, throw themselves upon the mercy of the court, and attempt to introduce evidence of mental deviation from the normal by way of "extenuating circumstances" in mitigation of punishment. It has been urged, in at least one case (cited later), that such evidence cannot be introduced by way of mitigation, on the ground that evidence of mental unsoundness can be introduced only upon a plea of "not guilty by reason of insanity". The type of case we are discussing is to be distinguished at the outset from cases in which evidence of mental unsoundness *that arose after conviction, but before sentence* is introduced—this last type of testimony being admissible in a hearing held to determine the mental condition of a convict at the time of such hearing.

The decisions on the point we are discussing are meager. The cases are agreed that evidence may be introduced and argument heard in mitigation as well as aggravation of sentence.[1] In fact, examination of witnesses in mitigation or aggravation, upon a plea of guilty, where such procedure is provided by statute, is usually held to be *mandatory,* and the record must show compliance with such provisions.[2]

---

* This article was written at the time when the point involved was first raised by the prosecution in the Leopold-Loeb case, about a month before Judge Caverly rendered his decision.

[1] Rex v. Bunts, 2 Term Report, 683; Reg. v. Digman, 34 Eng. Com. Law. Rep. (Amer. Reprint), 316; Reg. v. Sutton, 34 E. C. L., 166; Kistler v. St., 54 Ind., 400; Peo. v. Vermilyea, 7 Cow. (N. Y.), 108; Peo. v. Bork, 96 N. Y., 188; St. v. Reeder, 70 S. C., 139, 140 (1907); Parker v. St., 67 Neb., 555; Tracey v. St., 46 Neb., 361, 367 (1895).

[2] Arrano v. Peo., 24 Col., 233 (1897); Smith v. Peo., 32 Col., 251, 256 (1904).

The difficulty arises, however, on the point whether evidence of *mental unsoundness,* or deviation from ‘‘normal’’ mental health, is admissible by way of mitigation, especially where a plea of guilty has been entered and the defendant has not set up a defense of irresponsibility because of insanity.

The Tracey case (see note 1, page 948) holds as follows: ‘‘When the prisoner is inquired of by the court whether he has anything to say why judgment should not be pronounced against him, he may make such statements of his previous good behavior, of his previous good *character,* of his age, of his *condition* at the time he committed the offense, and *the influences which were brought to bear upon him and led to his commission of the crime* as may induce the court ‘to temper justice with mercy’ and to give the prisoner the least punishment provided for by the statute; and we cannot say that such action on his part would be an abuse of his discretion.’’ (Italics ours.) Certainly, the question of mental condition must be considered in connection with passing judgment upon the ‘‘character’’, ‘‘condition at the time’’ of the offense, and ‘‘influences brought to bear’’ upon the defendant. More specifically, the court says: ‘‘The obvious intent of the statute in fixing the punishment for the crime of robbery at imprisonment from three to fifteen years was to invest the trial court with discretion to grade the punishment—within the limits of the statute—according to the enormity of the offense; to take into consideration in fixing the punishment all the circumstances in evidence under which the crime was committed; perhaps to consider the age, the *mental condition,* and the previous good character of the person convicted.’’

Evidence of mental condition is admissible by way of mitigation, because, without this, evidence of *character* might be misinterpreted by the court, or at least might give the prosecution an unfair advantage. The prosecutor introduces all the details of some ‘‘ghastly crime’’ and he *interprets* those details as indicating a ‘‘depraved character’’. Now if the defense is not permitted to introduce testimony of the mental condition of the accused, such evidence and such interpretation must remain unchallenged and uncontradicted;

while if the defense can introduce such testimony, it may be able to convince the court that the very facts that the prosecution interpreted as evidencing a depraved character in fact, and in the light of the medical testimony, actually indicate a disordered condition of mind. What is "character" if not the manifestation of a working mind? To divorce the act from the mental condition is a wholly artificial proceeding, condemned not only by psychology and psychiatry, but by leading jurists. Dean Roscoe Pound, of Harvard Law School, says, for example: "Our traditional criminal law thinks of the offender as a free moral agent, who, having before him the choice whether to do right or wrong, intentionally chose to do wrong. . . . We know that the old analysis of act and intent can stand only as an artificial legal analysis and that the mental element in crime presents a series of difficult problems."[1]

In the Philippine Islands, the Penal Code (1900)[2] provides specific rules for diminishing or increasing penalties on the basis of detailed mitigating and aggravating circumstances. In U. S. v. Ligon,[3] the mental condition of "loss of reason and self-control" was admitted in mitigation, reducing the penalty from death to "life imprisonment with accessories and indemnity".

In Smith v. Peo.,[4] the court said: "The character of the defendant, his habits, his social standing, are all subjects pertinent to the inquiry required by the statute as to the aggravation or mitigation of the offense." The leading authority in social psychology, Professor William McDougall, says: "The department of psychology that is of primary importance for the social sciences is that which deals with the springs of human action, the impulses and motives that sustain mental and bodily activity and regulate conduct. . . . It is the mental forces, the sources of energy, which set the ends and sustain the course of all human activity—of which forces the intellectual processes are but the servants, instruments, or means—that must be clearly defined.''[1]

---

[1] *Criminal Justice in Cleveland.* Cleveland: The Cleveland Foundation, 1922. p. 586.

[2] Chapt. IV, Sec. 11, Art. 77 *et seq.*

[3] 15 Phil., 645 (1910).

[4] 32 Col., 251, 257 (1904).

Now while it is a commonplace in the criminal law that the motive with which an act was done, as such, does not affect the responsibility of the offender in the eyes of the law, nevertheless, as the court pointed out in the Smith case, motives *are* admissible in a hearing before the court on the question of mitigation or aggravation of punishment. They are peculiarly the domain of the court's prerogative of mercy, since they are not, as a general rule, considered in establishing legal responsibility.

There is one strong case—a case in which the facts are similar to the Leopold-Loeb case recently considered in Chicago—in opposition to the position herein taken.[2] In that case the defendant pleaded guilty to murder, and the trial court, having already granted one postponement of the sentence to permit the defendant to produce evidence in mitigation of the death penalty, denied a second postponement to that end, to permit the defendant ''to procure evidence of the previous good character of the defendant, and of the fact that at the time of the murder he was intoxicated, so that he was unable, at the time, to thoroughly appreciate his position, or to thoroughly distinguish right from wrong, or to form an intent to commit the crime''. The trial court, in denying this second motion, held ''that under the circumstances the evidence was valueless—as to intoxication, because the defendant's confession admitted in evidence, with the other testimony which was taken, showed that the crime was deliberate and premeditated, and was perpetrated in accomplishment of a preëxisting plot; that the defendant knew at the time and afterward confessed in detail the part he took in it; and finally because, if incapable of forming a criminal design, defendant was innocent of any crime, which consideration was removed by his plea of guilty.''

As to this case, in the first place, neither the trial court nor the supreme court cited any authorities in support of their position. Secondly, the trial court gratuitously assumed that the confession proves the absence of a state of mind that might result in mitigation of sentence, while this is the very point that can be decided only by experts competent to inform the court upon a technical question involving a state of mind. Because, by a plea of guilty, defendant admitted that in accordance with the strict law he was guilty, this does not at all mean that there might not have been a mental condition sufficient to constitute mitigating circumstances if not exemption from strictly legal ‘‘guilt’’. If this were not so, then there would be no room at all for the doctrine of mitigating circumstances; because in all such cases the defendant is legally ‘‘guilty’’, whether as the result of the verdict of a jury or upon a plea to that effect. Experts are called in, in such cases, to aid the court in performing its difficult duty with respect to a condition of affairs that essentially involves an appeal to the *mercy* of the court, not the strict justice of the law. The error in the case just cited was made by counsel for the defense in so couching his statement as to what he hoped to prove by expert testimony as to give the trial court the opportunity to point out that questions of legal ‘‘right and wrong’’ and ‘‘guilty design’’, in a technical sense, were automatically disposed of by a plea of guilty. If counsel believed the defendant incapable of knowing right from wrong at the time of the offense, it was, of course, his duty to put in a plea of ‘‘not guilty’’ by reason of irresponsibility (‘‘legal insanity’’).

---

[1] *An Introduction to Social Psychology,* 14 ed. Boston: J. W. Luce and Company, 1921. pp. 1, 3.

[2] People v. Miller, 114 Cal., 10, 13 (1896).

This brings us to another reason, in addition to the need of considering mental condition as part and parcel of all conduct, for the admissibility of the evidence of psychiatric experts in a hearing on the question of mitigation. Mental disease and ‘‘legal insanity’’—*i.e.*, irresponsibility as determined by the application of the legal ‘‘tests’’ to the proved fact of mental disease—are two different concepts. The defendant, if he goes to trial on the plea of irresponsibility, has two distinct steps to take: namely, (1) to prove that he is mentally unsound; (2) to prove that his mental unsoundness is of such *degree and type* as would bring him completely under the exemptions provided for by the ‘‘knowledge’’ tests and the ‘‘irresistible impulse’’ doctrine. It is quite true that in many cases, in the United States, this distinction is blurred. But as these cases flow largely from McNaghten's case,[1] there are, strictly speaking, two distinct steps involved in insanity trials, suggested by the discussion of "burden of proof" in that famous case. In accordance with the views of Sir James FitzJames Stephen, England's greatest criminal jurist,[2] Oppenheimer[3] correctly states the following on the point we are considering:

"(1) Everybody is presumed to be sane.

"(2) Everybody, even one proved to be insane, is presumed to be responsible; in other words, even the raving lunatic is presumed to come up to the law's standard of responsibility, *i.e.,* to be able to distinguish right from wrong. . . . A prisoner who sets up the plea of insanity has to prove:

"(1) That he is of unsound mind. Having satisfactorily established this, he must show further

"(2) That he fulfils that condition under which alone the law excuses a madman who has done an act otherwise criminal."

Hence it is that, even in those jurisdictions in which only the "right and wrong" rule of responsibility prevails, evidence as to "irresistible impulse", "homicidal impulse", "kleptomania", and the like, is, strictly speaking, admissible; for it is admissible not to establish *irresponsibility,* to which purpose it is, strictly speaking, irrelevant (*i.e.,* when one considers the manner in which the "knowledge" tests are interpreted by the courts), but "in guiding the jury to arrive at a solution of the primary question whether the prisoner is suffering from mental disease, of which they are symptoms".[4]

That the distinction between mental unsoundness and irresponsibility sometimes becomes of the utmost importance is indicated when certain "border-line cases" are considered, wherein the trial court refused to allow evidence of mental unsoundness to go to the jury on the question of *irresponsi-*

---

[1] 10 Clark v. Finnelly, 200, 212 (1843).

[2] *Digest of the Criminal Law,* Art. 29.

[3] *The Criminal Responsibility of Lunatics,* by Heinrich Oppenheimer. London: Sweet and Maxwell, 1909. pp. 10, 247, 251.

[4] Oppenheimer, *op. cit.,* p. 253.

bility, on the ground that there was not a sufficient case of *insanity* established for the jury to pass to the second stage of applying the legal tests of irresponsibility to the evidence of defendant's disordered mental condition. In Bast v. Com.,[1] for example, there was testimony that the defendant was subject to epilepsy, but because a majority of the witnesses testified that he knew right from wrong, although all agreed "that he was of weak mind and easily influenced" and "physicians testified that epilepsy, when extending over a long period, has a tendency to weaken the mind, *as it doubtless did in this case*" (in the language of the appellate court), the Kentucky Court of Appeals, nevertheless, in spite of this admission, upheld the trial court in its refusal to permit the issue of irresponsibility to go to the jury. Here the court confused the two issues; and, mental unsoundness having been established, it should have permitted the question of irresponsibility to go to the jury.

If the law provided for *degrees* of responsibility, so that proof of mental unsoundness that falls short of proof of total irresponsibility would result in a lessened degree of responsibility and consequently of punishment, then there would be no excuse for counsel pleading "guilty" in such cases, throwing the case upon the mercy of the court and introducing psychiatric testimony by way of mitigation. But such is not the law; and where counsel knows that defendant is mentally unsound, as established by psychiatric examinations, but also knows that the disorder is of such type and degree as would not exempt him completely from responsibility under existing "tests", there is no way for him to have the jury legally take into account such condition. For legally the jury is bound to convict a defendant (although, of course, it is well known that what a jury will do is always uncertain) if his mental condition, in their opinion, is not such as to have deprived him of capacity to know right from wrong or to resist an impulse to wrongdoing. There is, therefore, but one legitimate course open to counsel for the defendant, where the latter has committed the act, but is mentally unsound in a manner and degree falling short of the formal "tests" of responsibility. That course is to plead guilty, and introduce testimony tending to establish his client's mental unsoundness as of such type and degree as not to fall under the prevailing technical "tests" of irresponsibility, but, nevertheless, as constituting a legitimate cause for the interposition of the mercy of the court by way of mitigation of the harsh rules of responsibility. If this were not so, the law would be placing the mentally unsound offender, whose condition happened not to come within the tests, in exactly the same position as the normally minded, deliberate, malicious murderer; for such conditions as manic-depressive psychosis, to cite but one example, would frequently not be acceptable either to establish irresponsibility (since it would not meet the requirements of the existing "tests") or as a condition deserving less severe punishment than that provided for the sound offender.

---

[1] 30 Ky. L. Rep., 967, 978 (1907).

That evidence of mental condition at the time of the offense is rightly admissible by way of mitigation is clear from such decisions as that in the Smith case already cited. In that case the court quoted approvingly the definition of "mitigating circumstances" found in Black's Law Dictionary, as follows: "Mitigating circumstances are such as do not constitute a justification or excuse of the offense in question, but which, in fairness and mercy, may be considered as extenuating or reducing the degree of moral culpability." Since evidence of mental unsoundness that did not meet the "tests" and did not constitute complete irresponsibility would avail the defendant little or nothing on a trial, and would not constitute "justification or excuse", such evidence is justly admissible only on a hearing in mitigation of punishment.

To recapitulate, evidence as to mental condition is admissible in a hearing on the question of mitigation of sentence for the following reasons:

1. Since all conduct involves mental activity, evidence of mental condition is always admissible to throw light upon the *motives* that were actually at work in the causation of the crime; and since the worthy or wicked motive with which a criminal act is committed does not ordinarily affect defend-

ant's *responsibility,* it can only be considered by way of mitigation of punishment.

2. Evidence of mental condition is admissible in mitigation in order to enable the defense to rebut properly the testimony of aggravating circumstances, or of the details of the offense, by attempting to prove by medical testimony that the facts which the prosecution interpreted as indicating a "depraved" defendant actually indicate a disordered mind, but one that falls short of the requirements of the technical "tests" of irresponsibility.

3. The "defense of insanity" involves two steps: proof of mental disorder and proof that the mentally disordered person meets the requirements of one of the "tests" of irresponsibility. If evidence of mental unsoundness were not admissible in hearings on mitigation, therefore, the mentally diseased individual whose condition did not happen to be such as to fall within one of the more-or-less arbitrary "tests", would be in exactly the same position, with respect to punishment, as the absolutely sound offender. If the law provided for degrees of responsibility, and permitted the acceptance by the jury of evidence of mental disorder insufficient to constitute complete irresponsibility as "measured" by the "tests", but sufficient to permit the jury to find a less degree of the offense than would be the case where no such evidence was introduced, then resort to the plea of "guilty" and introduction of psychiatric testimony before the court by way of mitigation of the sentence would not be necessary.

THE PLACE OF PSYCHIATRIC WORK IN A FAMILY CASE-WORK ORGANIZATION*

FRANCES TAUSSIG

Executive Director, United Hebrew Charities, New York City

IN a typical month of 1924, almost 2,000 families received service from the United Hebrew Charities of New York. One hundred and one families of this group presented cases of some definite mental disease; in 85 others the existence of such disease was suspected although no definite diagnosis had been made. Neuroses of various kinds had been diagnosed in 82 families, while in 91 families there were 107 mentally defective individuals.

These families formed part of the case load not of an organization that specializes in psychiatric work, but of one whose objective is the preservation of normal homes. Without question the integrity of the family is menaced by the presence of such mental disorders, but skilled service is required to recognize symptoms of mental disease early enough in their development to insure for the patient whatever may be available in the way of constructive treatment; to understand what conditions have produced the neurotic person and what methods are best calculated to restore him to mental health; and to decide whether the mentally defective individual is in need of the simplified environment that an institution offers, or whether he can be helped to make an adjustment to life in the community that will be satisfactory from the point of view of his own welfare and that of his family group.

During this same month, 348 of the families under our care were those of widows who were trying to maintain normal homes for their children under conditions at best difficult and abnormal. In 155 families domestic infelicity threatened family life, and in over 100 the home had already been broken by the desertion of the father. Seventy-four fathers still in the home, without disabling physical conditions, were failing to provide support for their families. One hundred and seventy-five adults needed vocational training to help them make a satisfactory industrial adjustment. In over 400 families tuberculosis, heart trouble, asthma, and other chronic diseases were more or less permanently disabling factors, the effects of which were intensified in other cases by the presence of venereal disease or epilepsy. Maternity disturbed the family's equilibrium in 61 cases, and acute illnesses in about 200 cases. Numerous problems of behavior presented themselves, including sex and other delinquencies.

---

* Read at the Fifty-first Annual Meeting of the National Conference of Social Work, Toronto, June 26, 1924.

This whole group consists largely of families whose lives are dominated by a lack of security. Some, having achieved apparent security, find the whole basis of their existence suddenly disturbed by a serious, unforeseen crisis—an accident, a prolonged period of unemployment, an acute or a long and costly illness. All of these are misfortunes from which the family living at a comparatively low economic level seldom emerges without serious injury. For a time or for all time, the whole way of living must be altered, new standards accepted, long cherished plans relinquished, and possibly a new leadership accepted within the home in place of that of the head of the family to whom calamity has come.

Again, there are those limited persons whose ability, strained to the utmost, provides only a precarious basis of support for those who are dependent upon them. They may fail completely in this difficult task, or they may maintain, with their best efforts, a standard of living so far below the standard of normal life in the community that it means practically the same thing as failure. They may enjoy periods of comparative ease and even comfort, but the slightest disturbance of their economic balance spells disaster.

Many of the families with whose difficulties the family agency concerns itself are those that have complicated their already serious problems by undertaking the great adventure of immigration. Frequently these are families that did not succeed in making a successful adjustment to their original environment and that, in middle life or later, decided on a new attempt in a new country. If the father precedes the family to the new environment, he has the opportunity for a more leisurely accommodation to new conditions than he is in many cases willing to give his "green" family when they finally join him. If the whole family takes the chance together, the children gladly renounce the old ways and slip, almost too easily, into the new, while the parents adjust themselves slowly and with difficulty to a way of living in which the home and the family, the church, work, and play have new aspects and mean the acceptance by the various members of the family of entirely new relations to one another and to the business of life.

These are the conditions with which the family case-worker is confronted. In the content of her work are the serious mental problems that we have enumerated, and undoubtedly many others that have not yet, in their lack of definiteness, been recognized. Either as causes or as results or as mere accompanying factors in the series of maladjustments that have made these families the concern of the family agency, conditions of mental disease are progressively demoralizing individuals and, through them, their families. Fears and anxieties are breeding more numerous and more serious fears and anxieties, to the gradual deterioration of the family's ability ever to pull itself, unassisted, out of its slough of hopeless despair. If the whole work is not to fail, the family case-worker must be able to recognize these disabling mental conditions before they have become exaggerated, and must be skilled in applying to their treatment whatever resources may exist for this purpose in her community.

The case-worker's burden of responsibility consists of from 30 to 60 families. Each of these families whose rehabilitation she is attempting is made up of persons with whose individual difficulties of adjustment she is concerned. The problems that she meets in relation to the family's health, the home-making capacity of the mother, the vocational adjustment of the children, challenge her broad general training and her satisfaction with herself as a worker who is free from the specialized approach. Perhaps she should have combined in her one being the abilities and much of the content of the training of all the specialists—the physician, the nurse, the lawyer, the home economist, the psychiatrist.

But if such a combination of training and abilities seems at this time impossible of achievement, and perhaps not even entirely desirable, it is certain that this ‘‘straightener’’—as Miss Richmond has called her—of families cannot be without at least the ability to recognize the problems that call for the services of the specialist and to seek out and use effectively in their treatment whatever resources of the kind the community has to offer.

In the dim and distant past, families were frequently divided into uneven, necessarily overlapping parts, each to be handled by a specialist, often within one organization. We remember the plan proposed by the executive of a health agency that his agency be assigned the care of all families in whom ill health was the ‘‘principal cause of distress’’. He went even farther, advocating a neat functional distribution of all families to specialized agencies according to ‘‘causes of distress’’.

Taking issue with him, while realizing the importance of bringing to bear on our problems all the skilled services that the various specialties have developed, we recognize also the necessity of devising some method for coördinating, instead of separating, the treatment of the problems of individuals that stand in the way of the family's welfare. The family-case-work agency uses well-equipped medical services, employment bureaus, child-care agencies, bureaus for the industrially handicapped, and others, with ease and skill to the extent to which its workers are capable of recognizing and understanding certain problems, and likewise to the extent to which the special agencies in question are prepared to coöperate.

On the whole, skill in the use of the clinical resources that have been provided for the treatment of mental problems has been somewhat slow of development. At the same time, medical assistance in the treatment of these problems is of comparatively recent origin. Family case-workers of not many years ago were able to secure such assistance only in those cases in which a psychosis had developed to a stage that obviously necessitated commitment to an institution, or where they encountered a degree of mental defectiveness that justified segregation of the patient. A diagnosis of neurasthenia meant the end, and not the beginning, of treatment. Who knows how many case-workers of those benighted days prayed that their neurotics might become psychotics, that they might have the blessed relief of commitment to an institution instead of the doubtful alternative of suffering in an environment in which their differences from the normal were not understood and in which nobody was equipped to help them make such adjustments as were possible for them?

The various case-work agencies have been quick to avail themselves of the contributions that psychiatry has recently made to the understanding of human behavior and to the treatment of mental disease and abnormality. Family case-work particularly, with its delicate responsibility for relations within the family and of the composite family group to the community, has been given an aid to the understanding of those relations that, if well used, may materially increase the effectiveness of its work.

Even now, however, the available psychiatric resources of most communities are limited, and the family-care organization cannot hope for the easy access to treatment facilities in this field that it has to other forms of medical treatment. Unfortunately it is not only in the matter of accessibility that limitations exist. Even to the family-care agency it is evident that standards in the psychiatric clinics vary as widely as standards of case-work; that between some of the neurological and the psychiatric clinics there are still to be drawn clear lines of functional difference; and that, other things being equal, the psychiatrist who does not understand the patient's language and racial background is likely to leave the job of adjusting him pretty completely to the family case-worker. It is obvious, too, that overcrowded psychiatric clinics are even more futile than ordinary medical clinics in which too great a volume of work is accepted.

Naturally, in view of these limitations in clinical resources, if there is a choice of clinics, the case-work agency will wish to make a wise selection, based upon expert knowledge of conditions in the field. It is equally important that a careful selection be made of the problems in the solution of which psychiatric assistance is to be sought, and that, given the clinics and the problems, they be brought together in such a manner that the patient may benefit and that each experience may add to the ability of the case-work agency to understand and treat its mental problems.

At the present stage of development of psychiatric resources, it seems impossible to obtain satisfactory results through the direct contact of a group of family case-workers with psychiatric clinics. A psychiatric worker, adequately trained in the field of mental hygiene, and equipped with case-work knowledge and experience, acting as a consultant to the family-care organization, should be able to guarantee the effectiveness of these contacts.

This psychiatric worker, or department, should have no treatment function beyond that necessitated by the handling of emergencies or of extreme cases that obviously call for specialized service. The department should exist for the purpose of acquiring expert knowledge concerning the community's psychiatric resources and placing this knowledge at the disposal of the organization's case-workers. It should, moreover, endeavor to ascertain, in the case of each of the clinics, what method of presenting the agency's material is most effective in the way of securing diagnosis and treatment and it should aid in instructing the family case-workers in such methods of presentation. Through its acquaintance with the content of the case-work of the organization, it should be able to arouse in the case-worker an alertness to the existence of mental problems in their earlier, more hopeful stages, and to bring about a familiarity with the technique of handling exaggerated problems that will relieve the strain of responsibility for this difficult work. Above all, such a department may, if effectively conducted, give new significance to the case-worker's entire job through the relations that it can help to establish between her work and the contribution that psychiatry is making to the understanding of human behavior.

After three years of experience with such a department, it should be possible for the United Hebrew Charities of New York to evaluate the effect of psychiatric work in a family-case-work organization. Certain definite accomplishments stand out:

The recognition of mental problems by case-workers has increased fourfold since the department was instituted. An analysis shows also that these problems are recognized in their earlier stages, and that treatment is secured while it may still be effective, instead of being deferred until it can no longer have an effect. Moreover, the technique of handling cases in advanced stages of mental disorder has been improved and accelerated. Through the more skillful use of psychiatric resources, the treatment secured from them is more adequate, positive, and varied, and there is closer and more effective coöperation in treatment between the clinics and the family-care agency. The possibilities on the positive side, in the way of the promotion of mental health, are beginning to be understood also. There has been, further, a decided effect on the intensity of the case-work done by the organization. The staff have a better understanding of human capacity, and in their whole task of adjustment are more tolerant and understanding of the differences between individuals and their relations to their groups.

FEEBLEMINDEDNESS*

WALTER E. FERNALD, M.D.

Superintendent, Massachusetts School for the Feebleminded, Waverley, Massachusetts

FEEBLEMINDEDNESS is not a disease like scarlet fever or pneumonia; it is a condition characterized by a lack of normal development of the *intelligence* resulting from damage to the structure of the brain by disease or injury sustained before birth, at birth, or during the first six years of life, or from imperfect development of the brain structure. Thus feeblemindedness always appears in early childhood, while insanity occurs later in life in a person who has usually enjoyed good mental health hitherto. The feebleminded person may be compared to one who has never had any money, while an insane person is like one who has had money, but has lost it.

What Causes Feeblemindedness?

Feeblemindedness may be due to a great variety of causes. Often the cause is not known. A feebleminded child may be born to perfectly healthy persons. Feeblemindedness may be caused by illness or weakness of the mother during pregnancy, or of the father at the time of conception. Injury of the head at birth or falls or blows in early infancy may be causes, although very severe head injuries at this time often are not followed by mental defect. There is often a history of normal, healthy infancy for several months with a sudden occurrence of symptoms of severe illness, perhaps with vomiting, high fever, stupor, and perhaps convulsions. After a few days the acute illness subsides, but the child is less bright and is never right mentally afterwards. In other cases the mental defect seems to be a sequel of measles, whooping cough, pneumonia, cholera infantum, and so forth, occurring during the first six years.

Syphilis of the parents is responsible for about 6 per cent of the mental defect found in Massachusetts institutions for feebleminded persons.

---

* Written for inclusion in the third edition of *A Mental Health Primer*, published by The Massachusetts Society for Mental Hygiene.

In *cretinism* the mental defect is caused by imperfect action of the thyroid gland, which prevents the brain from functioning normally. Other forms of mental defect, like *Mongolism,* are probably caused by abnormal conditions of other ductless glands. The causes cited above so damage the structure of the brain that normal intellectual development cannot occur as in healthy children.

There is also the *hereditary type of feeblemindedness* which in certain families is transmitted from generation to generation in accordance with certain definite laws of heredity. If both parents are of this type of hereditary defect, all of their children are usually feebleminded. If one parent only is of this type, the children may be normal, but some of their descendants will be feebleminded. The defect may disappear in one generation, to reappear in the next. In some families there will be one or more defectives in each generation. This hereditary feeblemindedness is caused by defective germ plasm.

Thus there are two main types of feeblemindedness—the *accidental* and the *hereditary.* The appearance of a feebleminded child of the accidental type does not mean that other cases are likely to occur in that family and does not in any sense imply family inferiority. The parents should understand that such a child is an invalid just as if he were crippled as a result of any form of bodily disease.

WHAT ARE SOME OF ITS SYMPTOMS?

The symptoms of mental defect vary according to the degree of defect. In extreme cases the defect is observable in early infancy. The baby does not "take notice", or follow sounds or bright lights, or smile, or grasp objects with his fingers, or have vigorous muscular movements, or nurse properly, and so forth. As he grows older, his teeth may not appear at the usual age, or he may learn to walk late and with an awkward, shambling gait, or he may be late in using his hands, or his untidy habits may persist for a long time. He is very apt not to talk until he is three or more years old. In general, he remains a baby for a long time.

In less severe cases the above symptoms may be less marked or absent and the defect may not be recognized until the child is found to be unable to learn in school at the usual school age and cannot be promoted from year to year like other children. He may spend two or three years in school before he is able to do the work of the first grade, or he may limp through the first and second grades and be unable to go beyond the third, especially in arithmetic.

He usually shows his defect in other ways. He may not be able to get on with other children in games and sports. He is often teased and picked on by playmates of his own age and they do not regard him as an equal, so he usually associates with children younger than himself. He is usually easily influenced. He shows poor judgment and reasoning power. In general he finds it difficult to adjust himself to life as he finds it. He is not able to meet new situations.

As he grows older, he is apt to be led into mischief by other children, as he finds it hard to resist temptation. Feebleminded persons are unusually susceptible to sex temptation at puberty and adolescence, especially the girls. If neglected or allowed to associate with evil companions, they are rather more likely than normal persons to acquire immoral or vicious habits and tendencies, although this tendency has probably been overstated. Some defectives seem innately vicious and troublesome from early childhood, but the majority seem about as amenable to proper associations and proper bringing up as do normal children.

How Is Intelligence Measured?

By the use of modern psychometric tests the intelligence of the defective child can be accurately measured and a very close estimate made as to what his mental development will be when he reaches adult life. These tests enable us to state the intelligence of the child at a given time in terms of *mental age.* For instance, a mental age of 6 means a degree of intelligence corresponding to that of a normal child of six, and so forth. The mental age of a feebleminded child is always less than his real or chronological age. Thus a defective child twelve years old may have a mental age of only 9 or 6 or 3 or even less.

The ratio between the mental age and the real age is called the *intelligence quotient,* or the I.Q., and it tells just how backward the child really is compared to a normal child. Thus a normal child twelve years old with a mental age of 12 has an I.Q. of 100. A defective child of twelve with a mental age of 8 has an I.Q. of 66. A defective child of 12 with a mental age of 6 has an I.Q. of 50, and so forth.

An intelligence quotient of less than 70 generally means that the child is feebleminded. Defective persons with an I.Q. between 50 and 70 are called *morons;* those with an I.Q. between 25 and 49 are called *imbeciles;* and those with an I.Q. of less than 25 are called *idiots.*

The school-grade work that a feebleminded child will probably be able to do at the various mental-age levels is as follows:

5-year mental age................	kindergarten
6-year mental age................	first grade
7-year mental age................	second grade
8-year mental age................	third grade
9-year mental age................	fourth grade
10-year mental age................	fifth grade

The intelligence quotient of a defective person usually decreases slowly as he grows older. The probable mental age of a given defective child at fifteen and the probable final school grade possible for him can be closely estimated from the intelligence quotient as follows:

I.Q.	*Adult mental age*	*Final school grade*
30	5	kindergarten
40	6	first grade
45	7	second grade
50	8	second or third grade
60	9	third or fourth grade
65	10	fourth or fifth grade
70	10–11	fifth grade

How Should the Feebleminded Child Be Trained?

The *mental age* tells how intelligent a defective child is at the time of examination. The *intelligence quotient* tells how bright he is compared to a normal child and how intelligent he will be when he reaches the age of fifteen, or the adult level. The mother or the teacher must disregard the child's real age and base his instruction and training on his *mental* age. If he has a mental age of 2, he needs the sort of things that a normal child of two would need, namely, bright-colored and attractive toys, balls, blocks, rattles, wheeled toys in great variety, and the like. He should be taught to roll, creep, stand, and walk. He may need a baby jumper, a walking stool, a rocking horse, a kiddie kar, or a tricycle. He should be taught cleanly habits early by regular attention at frequent periods. He should be taught to obey simple directions and to behave properly. A mental age of 3 or 4 means that he can be taught to dress and undress, to have orderly habits, and especially to avoid destructive habits.

A defective child with a mental age of less than 5 years can be well cared for and trained in a good home, especially if the mother has access to one or more of the excellent manuals that describe the care such children should receive. If the child becomes an intolerable burden in the family from his noisy, destructive, and untidy habits, he can be well cared for in the institutional schools that are now found in nearly every state.

What Kind of School Work Is Needed?

It is no use for a defective child with a mental age of less than 5 years to go to school. For the defective child with a mental age of 6 or over, the public schools in most cities and large towns now have special classes where he can receive proper instruction while living at home. These children often do well in regular school classes if they are understood by the teacher and the work is suited to their mental age, and if the teacher is satisfied with the best the child can do. *The teacher cannot make the child brighter.* The defective child, if given ordinary school opportunities, seems to get about all he is capable of getting in the way of scholastic achievement. He has a small dipper and he gets that dipper full under very ordinary and common conditions. The teacher's opportunity is largely a matter of social training of the child; that is, training in inhibition, in emotional control, in conforming to the amenities of life, and in learning to do as other children do. There is no special pedagogy for feeble-minded children. The principles are the same as for the normal child. But conditions are different, the progress is much slower, and to keep up the interest of the defective child we must use much graphic school material. There are numerous manuals which thoroughly describe the equipment and the methods necessary.

Social, moral, and emotional discipline and example are quite as important for the defective child as the strictly scholastic training. He must be taught to behave as much as possible like a normal child. He should be taken to church and to entertainments and shown as much of real life as possible. He will learn as much from other children as he does from the teacher. He must be protected from bad knowledge and bad associates. This is especially necessary at puberty and adolescence. The girls in particular must be protected from sex temptation and experience at that time.

The "bringing up" of a defective shapes and modifies his traits of disposition and personality and character, and these are quite as important as his intelligence in determining his adult conduct and behavior. "Success or failure in life depends primarily on intelligence levels, but it also depends upon temperament, characteristics, environment, and training for that environment." *We cannot increase the defective child's intelligence,* but we can do much to strengthen desirable traits and to repress undesirable ones. Thus we can make him more affectionate, more anxious to please, to do and say the right thing, more obedient, self-reliant, persistent, honest, truthful, and so forth. We can help him to control his emotions. His self-respect must be preserved by not asking him to do things that he is not able to do. Let him achieve success every day.

Industrial and manual training from an early age will do much to give him self-respect and furnish him with interests and resources as well as prepare him to become a useful and perhaps self-supporting man. Defective children who succeed in life do so because they become capable of doing worthwhile work with their hands. This is really the end and aim of all training with such children. From the age of twelve this hand training should constitute the greater part of the defective child's education. Much of this industrial training must be done at home, with a basis of simple chores and domestic work. Special classes and institutional schools pay much attention to this industrial training. Manual-training schools should do more for defective pupils.

ARE ALL DEFECTIVES VICIOUS AND "BAD"?

The current belief that feebleminded persons usually become idle, vicious, and troublesome when they reach adult life is only partially true. Defective children who are *neglected* and the few who seem to be innately bad from early childhood are much more likely than normal children to become vicious and immoral. They need much more care than do normal children; in fact, they usually need supervision and assistance as long as they live. But defective persons with a mental age of from 6 to 10, who are properly trained and protected during the formative years, as a rule become well-behaved and useful adults. The bad behavior of the defective individual is largely his attempt to compensate for a feeling of inferiority resulting from repeated failure. He has failed so often that he expects failure. His social attitude and behavior largely express his clumsy attempts to keep his own self-respect—in other words, are a simple defense reaction.

THE SENSIBLE VIEW TO TAKE

Feeblemindedness is not an entity, to be dealt with in a routine way, but is an infinitely complex problem. Feebleminded persons may be male or female; young or old; idiots, imbeciles, or morons; well behaved or vicious; industrious or idle; from good homes or from bad. They may live in the city or in the country, in a good neighborhood or a bad one; they may come from family stock highly hereditary as to feeblemindedness, from one slightly so, or from good stock. No two defective persons are exactly alike. What is good for one may be bad for another. A defective individual can be adequately expressed or described only by an equation—his intelligence+his body+his family+his training+his personality traits+his morals, and so forth. No routine procedure will meet the needs of this highly differentiated group.

A Hopeful Program

We are beginning to realize the vastness of the problem of feeblemindedness. There are probably 60,000 mentally defective persons in Massachusetts alone. *We now know that all feebleminded persons cannot be permanently segregated in institutions.* We believe that the vast majority will never need such provision, but will adjust themselves at home as they have always done in the past. They will be recognized during their school life by school and traveling clinics and will be given better training in special classes or in the regular classes. Much of the present scholastic training will be supplanted by industrial training. The schools are providing special social supervision and will do so much more in the future. The bad defective individuals and the neglected ones will be sent to institutions before they come to grief. After the school age the state will provide extramural supervision for all neglected or badly behaved defectives. The price of liberty will be good behavior. Those who can live at home safely and usefully will be allowed to do so. Well-behaved institution patients will be released on permanent supervised parole. It will be a highly selective process.

EDUCATIONAL WORK AT ST. ELIZABETHS HOSPITAL

SHEPHERD IVORY FRANZ, PH.D., M.D. (HON.), LL.D.
Formerly Chief of the Psychological Laboratory, St. Elizabeths Hospital, Washington, D. C.

THE educational work usually carried on at institutions for the insane is most frequently that associated with demonstrations of various types of psychoses to groups of students in neighboring medical colleges or in courses in psychology at near-by universities. This kind of instruction is widespread throughout the United States, more particularly in those state institutions that are located near educational centers.

The work at St. Elizabeths not only has the character of that undertaken as a public duty in many state institutions, but is broader and more comprehensive. It is more diverse and is carried on for a much larger and more diverse clientele. Among those who have been instructed are the members of classes from the Army Medical School, the Naval Medical School, the medical schools of the George Washington, the Georgetown, and the Howard University, graduate students from the George Washington and the Catholic Universities, nurses who have come to the hospital for training and those who belong to affiliated nursing schools, and special classes from the Walter Reed Hospital and from the United States Veterans' Bureau.

Psychiatry. Naturally the greatest stress has been placed upon the topic that is uppermost in the function of the institution, viz., the mental diseases. Each year a course has been given by Dr. William A. White to the graduate classes from the Army and Naval Medical Schools, in which also students from the Georgetown and George Washington University Medical Schools have been instructed. A separate course has for a number of years been given to the medical students from Howard University by Dr. Ben Karpman. These courses have dealt with the main facts regarding the psychoses and with the presentation of typical cases, so that in their subsequent practice students may be able to recognize and diagnose psychotic conditions.

Clinical Neurology. With psychiatry there is usually grouped work in clinical neurology, and here we find that the staff has offered courses to the students from the Naval Medical School (under Dr. Shepherd I. Franz), from George Washington University (under Drs. Mary O'Malley, Daniel C. Main, and John E. Lind), and from Georgetown University (under Dr. William A. White).

A combination course in both psychiatry and neurology was given last year to a group of fifty student officers from the United States Veterans' Bureau. This course lasted four months and took the whole time of the students for that period. Every senior member of the staff took part in the instruction in this course, and there were in addition many lecturers from the eastern section of the country and as far west as Chicago. This course was doubtless the most comprehensive that had ever been given in these two branches. It comprised not only the clinical aspects of the work, but reviews of the fundamental subjects upon which the clinical studies depend, and at the same time included a number of lectures which gave a broad outlook upon the general problems with which these Veterans' Bureau officers would doubtless come in contact.

The foregoing course constitutes an extension of courses that have been offered during the past dozen years to our internes to prepare them better for carrying out their work in the institution. These courses are supplementary to whatever courses have been attended by the internes in their medical-school work. Our experience has been that the recent graduate in medicine, because of the small amount of time devoted to neurology and psychiatry in the medical-school curriculum, has not been able to approach the problems in these fields with any degree of facility, his attention being directed largely to those bodily disturbances which can be dealt with surgically or by drug.

Other medical subjects. Although it might seem that an institution for the psychotic would be the last place in which topics in general medicine and surgery could profitably be taught to students of medicine, this view was not taken by the Dean of the George Washington Medical School, for each week classes were sent for instruction in these lines (under Drs. Eldridge and Hawes). At the same time, the association of the work in pathology, first brought about forty years ago through Dr. I. W. Blackburn, at that time pathologist, has been continued, and students have been sent to observe autopsy technique and for instruction in neuropathology (under Dr. Nolan D. C. Lewis).

Allied topics. Graduate courses for students at the George Washington University have been conducted by Dr. Franz in psychology, and by Dr. Lewis in pathology. The former also has conducted classes for graduate students at the Johns Hopkins University, and has acted as a student consultant for special students who have been registered for higher degrees at the American University.

Courses for nurses and attendants. Special courses for nurses and attendants have been begun each year and those who have come to the institution untrained in their chosen work have been given the opportunity to acquire the special knowledge required of them. This work has been under the direction of Miss Alice Vaughan, Chief of the Nurses' Training School.

These courses for nurses have been given with the coöperation of many members of the staff, who have been called upon to lecture upon their special topics and who have demonstrated methods and patients.

In addition to the regular courses that have been inaugurated for the benefit of those who may remain as employees of the hospital, other courses to nursing groups from other institutions have been given. These include special intensive courses of six-weeks duration to nurses assigned from the Walter Reed Hospital and from the Veterans' Bureau. By a reciprocal arrangement with affiliated hospitals in town, it has been possible to get for our groups of nurses instruction in topics that cannot be given outside of a general hospital with any degree of success, such as gynecology and obstetrics, and at the same time we have offered to nurses from these affiliated schools lectures and other training in mental medicine which are of value to them.

Other formal training courses. During the present year there were inaugurated courses for social workers and policewomen, at the George Washington University, under the direction of Dr. Winifred Richmond and Miss Dinwiddie. These courses have been attended by many who have been interested in these aspects of the work.

Miscellaneous. In this connection mention should be made of the broader aspects of the educational policy of the hospital in a number of ways.

The establishment and the continuation of a mental-hygiene clinic have brought before the general public the view that an institution for the insane is not a thing apart from the community, but an integral part of it. It has been shown that such an institution has functions other than that of caring for those who are legally entrusted to it; that one of its functions at least is to see that individuals who are ready for discharge have a good chance to remain working members of the community; and that another should be to prevent the formation of psychoses, so far as this can be done. This work has been under the direction of Dr. Loren B. T. Johnson.

A special form of educational work consists in keeping the medical profession in touch with the advances that are being made in psychiatry. This has been accomplished by numerous papers presented at various medical-society groups, both local and national. The Washington Society for Nervous and Mental Diseases, the District of Columbia Medical Society, the American Psychiatric Association, the American Psychopathological Association, and many other societies have been addressed by members of the staff on the work that they have accomplished.

Besides these lectures, which must be technical, numerous lectures of a popular and semi-popular nature are given each year to groups whose interests run in directions that are represented among the staff members. Thus, the Women's Welfare Association, the League of American Pen Women, the Washington Psychological Society, and others, have availed themselves of the services of many members of the staff in the presentation of problems and points of view in neuropsychiatric work.

Besides the group lectures and demonstrations, appeals are being met almost daily for the elucidation of the special problems of individuals, mostly connected with other government bureaus. There come to mind at this moment, for example, requests for special information and guidance from an employee of the Signal Corps of the United States Army, from the Bureau of Personnel of the Institute for Government Research in connection with certain problems of the training in radio for the United States Navy, and from a naval officer regarding research in connection with problems of flying.

An account of the hospital's educational endeavors would not be complete without mention of the editorial work that is carried on in connection with the *Psychoanalytic Review* and the *Nervous and Mental Disease Monographs* (by Dr. William A. White) and with the *Psychological Bulletin* and the *Psychological Monographs* (by Dr. Shepherd I. Franz). In addition to these publications, both of these members of the staff are associate editors on a number of other publications.

THE PROBLEM OF SOCIAL ADJUSTMENT FOLLOWING EPIDEMIC ENCEPHALITIS IN CHILDREN*

BLANCHE E. COLE
Institute for Juvenile Research, Chicago.

THE recent epidemic of encephalitis (epidemic), which started in this country in 1918, brought in its wake a tremendous number of problems for the social worker that are unusual, inasmuch as this disease is often followed by physical and personality changes for which at present no definite treatment is at hand.

This report is based on a study of ten patients who showed behavior difficulties after an attack of epidemic encephalitis. The patients were referred to the Institute for Juvenile Research of Chicago by the Jewish Social Service Bureau, the juvenile court, a children's hospital, a physician, and school teachers. They were referred because of physical disabilities, irritability, violent temper, cruelty, destructiveness, quarrelsomeness, fighting, restlessness, emotional instability, irresponsibility, lying, stealing, truancy, sex delinquency, enuresis, disturbing behavior in school, unreasonable desires, poor school work, loss of interest, and loss of memory. In none of these cases was there any outstanding social problem previous to the illness, but in each case problems arose because of the physical and personality changes due to the illness, and the consequent change in the attitudes of parents, teachers, friends, and other social groups toward the patient.

The problem of this disease is, in its medical aspect alone, a baffling one. The organism that causes the disease has not yet been isolated, but pathological studies have shown, we are told, that the disease processes cause an inflammation in certain parts of the central nervous system, especially in the mid-brain and basal ganglia, which have been proven by recent research to have a good deal to do with controlling the tonicity and coördination of the muscles. This control is manifestly disturbed because of the sclerotic and hemorrhagic conditions in the areas mentioned, following the inflammation. The disease is characterized frequently by a prolonged fever, with somnolence, double vision, and marked lethargy, from which, in most cases, the patient recovers only to have, as sequelæ, disturbances in muscular control and respiration and in behavior. The sequelæ most frequently noted in the children seen at the Institute for Juvenile Research are various respiratory disorders with very rapid, panting respiration; irregular, choreiclike movements, with marked restlessness; behavior activities of sudden and unaccountable forms; strabismus; tremors; in some cases a stiff gait; an "old man" appearance; and a general slowing up of speech and muscle movements. Medication is of little or no value. The only treatment recommended is rest and quiet, hydrotherapy, and routine hygienic measures—a treatment that it is rarely possible to carry out.

---

* Submitted and accepted in partial fulfillment of the requirements for the diploma in the Smith College School for Social Work, August 30, 1923.

In the literature on epidemic encephalitis in children, most writers conclude that deterioration of intelligence is one of the most serious sequels of this disease. In not one of the cases to be presented in this report, however, has any evidence been found of deterioration of intelligence, as revealed by psychometric and educational tests. This was in striking contrast to the appearance and behavior of the patients. No intelligence tests were given before the attack of encephalitis, but in all cases the mental ages correlated well with the records made in school before the illness. During the testing there were various emotional disturbances in which the patient might, typically, arise from his seat, breathe very rapidly, perform choreic movements or appear wildly excited, and then calm down to resume the tests. The disorder in memory and attention processes was caused by behavior of this type, and according to the psychologist, was due not to any difficulty in thinking or to lack of interest, but to an emotional excitation to be attributed to the disease process. Because of this tendency to distractibility and emotional upsets, it is clearly impossible to educate patients of this type in a regular classroom. Their ability to acquire knowledge, however, demands that they be given special opportunities to gain an education.

The psychiatrists describe most frequently, in these cases, periods of extreme irritability and emotional upsets, with exaggerated or shallow reactions to ordinary emotional stimulation, but no evidence of delusions or hallucinations or other typical manifestations of an insanity. Frequent changes of mood are noted. Patients invariably state that their misbehavior is entirely impulsive and that they "can't help it".

This report is concerned primarily with the peculiar maladjustment of these children in their various social relationships and the consequent difficulties encountered in attempting to adjust them. Previously in good health and of normal behavior, or at least giving no particular difficulty, these patients, following the ravages of the disease, manifest behavior of the most annoying, distressing, and unaccountable forms. They readily lose their temper and, in an angry outburst, may throw knives or plates at the mother or attack another child, inflicting serious injury; they are restless and impatient, and may burst into tears on the slightest provocation or apparently for no reason at all. They have periods of extreme irritability in which they are entirely disobedient or nag and complain. They are sent to the store and forget every errand for which they are sent. They may spit at persons or objects, swear, stamp their feet, and laugh foolishly and inopportunely. They may have frequent attacks of rapid, deep breathing. They may steal, play truant, and take part in a number of delinquent acts of which they never have been guilty before. They are dominating and unreasonable and are teased and shunned by other children. They are equally intractable at home and at school. Their neighbors, as well as their families and teachers, find them very trying, not infrequently intolerable. Because of this behavior the patients are cajoled, bribed, scolded, threatened, whipped, expelled from school, and sent to truant schools and to institutions for delinquents, for the insane, and for the feebleminded.

At the present time there are no facilities for the adequate treatment of these children. In general, hospitals and sanitariums refuse to take them for convalescent care, because of their noisy and troublesome behavior, and because it has been found that as a rule they show no improvement after a period of weeks or even months of care. They do not properly belong in any of the existing state or other institutions, since they are not feebleminded or insane or delinquent in the ordinary sense of those terms, and neither hospitals nor schools are equipped to take care of them. From the point of view of an uninformed public, they are a nuisance and a menace; to the few who understand somewhat the nature of their trouble, they are an unfortunate group whose difficulties and needs demand special and immediate provision for treatment.

Under these conditions, it is the patient's family, chiefly, who must meet the problem, which in the home appears analogous to an attempt to continue family life when a member of the family is actively insane, although actually the situation is more complicated. Only rarely is the family aware that the patient is suffering from a definite organic brain disease, but even when this fact is known, its implications are seldom understood, and one finds the family reacting quite as emotionally to the abnormal behavior as when such behavior is considered wilful. When there are numerous children in the family or when there is economic distress, the usual difficulties resulting from these factors are greatly aggravated by the problem in disease.

Second in importance, though hardly less serious, is the school situation, since frequent expulsions of the patients are inevitable as a result of the disturbing effect of their behavior on both teachers and pupils. The teachers are, for the most part, unaware that the incorrigibility and unusual behavior of such children are symptoms of disease, and are offended by what they regard as intentional insolence. Excluded from school, the children become an added problem at home, and parents become angry at what they consider mismanagement on the part of the teachers.

Difficulties with neighbors, arising out of the patient's antisocial conduct, and with employers, because of slowness and indisposition to work, while less acute than the difficulties encountered in the home and school, none the less play considerable part in the whole social problem.

In every one of twenty-four cases of post-encephalitis, seen at the Institute for Juvenile Research, a marked change in personality immediately following the encephalitis attack was reported. This report was substantiated by social investigation in most of the cases. All of these cases have been studied intensively in their medical and psychological aspects, but only seven have been under supervision of the social-work department. Recently a detailed inquiry was made into the various social relationships that existed before and after the encephalitis in the case of ten of these patients, including the seven social-work cases, with the idea of studying the various factors in their maladjustment, to the end that some plan of treatment might be formulated.

The social maladjustment of these patients can be taken for granted. In the first place, their extraordinary behavior, whether it is known to be a disease manifestation or not, inevitably calls forth intense emotional reactions in their families and other individuals who come in contact with them. On the other hand, the patients, who are acting from impulsion and not from spite, are made the more disturbed by the reactions of others to their innocent acts. In the home the presence of other children greatly complicates the situation, both because of their attitude toward the patient on account of his emotional upsets and because their behavior very soon becomes conditioned by that of the patient. In order to offset this effect, the parents usually consider it their duty to punish the patient, often unmercifully. Frequently this is simply an expression of the parents' extreme exasperation. The child's complete indifference to the rules of the household and lack of consideration for any of its members, his bizarre and often violent behavior, constituting a positive menace, and his extreme irritability and restlessness, create in the home an atmosphere of unrest and discord and anxiety which is severe in its effects on the entire family, and especially on the mother, since she has usually to keep the child with her all the time, in some cases over a period of years, without any relief from the burden. It is not uncommon for the mothers of such patients to be quite overwhelmed by the difficulties involved and to become themselves problems for the psychiatrist or the physician, as well as for the social worker. The intelligence of the parents is a fairly important factor in meeting the situation, but is not always a positive one, as in some cases their emotional make-up is such that a plan which their intelligence conceives or endorses cannot be carried out by them at all.

The same may be said of the factor of intelligence in the school teachers in their struggle with the problem of adjusting these children in the classroom. In one instance, where the teacher, a graduate woman physician, was both intelligent and emotionally stable and had the assistance of a social worker, a trained nurse, and facilities in the school for giving the patient tepid baths and rest periods in bed, an adjustment was made, to the extent that the child, who had been expelled from school two years before, within three months of graduation from the eighth grade, made sufficient progress in three months to enable her to graduate. The experiment was made in a scientific spirit to see what could be done with patients of this type in a school for crippled children. It was demonstrated that the child was benefited by the treatment, but that so much of the teacher's time and energy was spent on the one child that it was not fair to the others, nor could the teacher have continued under the nervous strain in addition to the stress of her ordinary classroom work. The usual teacher is either uninformed as to the patient's physical and mental condition or is sceptical about the diagnosis, and after resort to scoldings, pleadings, and punishment, which seem only to aggravate the trouble, the patient is expelled.

Association with other children is on the basis of the sick competing with the well and since the situation is not comprehended by either side and results usually in the avoidance or persecution of the post-encephalitic child, it appears to be an irritant which greatly aggravates the patient's emotional disturbance. It may be questioned whether such association is advisable from the standpoint of the normal child as well, since patients have been known to inflict serious injury on others in periods of extreme impulsion, and by subtle influence or open example to produce emotional disturbances or alterations of habits in their associates that constitute, in some instances, psychiatric problems in themselves.

The following case summaries[1] illustrate both the general problem of the post-encephalitic child and the specific difficulties in the social situation of each individual case.

CASE I

R. B., a girl of Polish parentage, aged ten years, referred March, 1921, by a children's hospital.

The complaint was that the patient could not learn at school; also, that she had a violent temper, was disobedient, fought with other children and bit and pinched them, had bad dreams, shrieked in her sleep, wet the bed, and would go on the street in her underclothes if not watched.

There is a history of her being ill in January, 1919, with spinal meningitis and influenza. At the onset of this sickness, she became drowsy and dazed. Her fever was high and for two weeks she was unconscious. Afterwards she became "cross-eyed", and began to be extremely irritable. Her behavior difficulties started at this time.

The physical examination revealed the following: right, divergent strabismus, unequal pupils, and sluggish reaction to light; tremor of hands and tongue; exaggerated deep reflexes; goiter; and sex development four years advanced. The Wassermann test was negative. A diagnosis of post-meningitic paralysis was made, which was later changed to post-encephalitis.

The psychiatrist found persecutory ideas well established. The child complained that children called her "nutsie" and "crazy"; the teacher "took sides against her"; the Sister Superior, even, said that she was crazy. The examination further revealed that she was self-willed, restless, fond of excitement, uninhibited, selfish, egocentric, hyperkinetic, talkative, tense, irritable, and had poor concentration. Her dreams were much disturbed. She denied sex experience. She was unimpressed by the interview.

By intelligence tests (March, 1921), she was found to have a mental age of nine years; her chronological age being ten years and six months, her intelligence quotient was 86. Classification: dull and backward. It was noted that she was highly distractible and had many eccentricities of posture and manner. A reëxamination (December, 1922), gave her a mental age of eleven years and four months, her chronological age being twelve years and three months, her intelligence quotient 92.4. Classification: adequate low-average intelligence. Emotional disturbance occurred throughout the examination. The patient was inhibited in responses.

---

[1] In the summaries only those facts are included which are pertinent to this report.

Social examination brought out a history of personality change, following the encephalitis, which altered entirely all of this child's social relationships.

Before her illness she had always been entirely obedient. Her sweet docility and pleasing ways were a delight to her family. There were never emotional outbursts. She was generous, truthful, considerate, and helpful. Her amiability and dependability were considered by her family quite remarkable.

With her younger brothers and her older brothers and sister she got on equally well. She was not mischievous or selfish. She played very little, but always amiably, with children outside the family, and hardly at all with any children after she started to school. Reading, writing, and drawing became utterly absorbing interests. She was so quiet and unobtrusive that the family "hardly knew they had her". Her school progress was good. She started at six years and at the time her illness occurred, when she was eight and a half years old, was in the third grade. Her conduct was excellent.

Following the illness, she became irritable and impatient, always wanted her own way, and when not allowed to have it, would kick and scream and bite, acting "like a wild person" and persisting in her disobedience or annoying behavior until she made her mother cry. Then she became penitent. She desired constant attention and was never content for longer than a few minutes. Whereas formerly she had been very regular in her habits of sleeping and eating, she became very irregular, never coming to a meal on time except in the evening, when the fact of her father's presence at the table seemed to be a sufficiently strong incentive to cause her to come on time. No other instances of her father's influence were noted, however. In trying to control her, he was as helpless as every one else.

She never went to bed until twelve o'clock, and her sleep was much disturbed. Generally enuresis occurred, also night terrors, in which she dreamed of devils and robbers. Her shrieks would wake the family, but she would not wake up herself. Frequently she had insomnia and went downstairs to read. This was very disturbing to the mother, who could not sleep while she knew that the child was out of bed, but it was useless to try to induce her to stay in bed against her inclination. Whenever she could, she ran away from home. Much of the time she was kept in her nightgown or barefooted, as she would not leave the house under either condition, a curious manifestation of inhibition in a child who seemed to have none in most instances. She did not hesitate to go on the street without her frock. In her plans to elude her elders she was very ingenious. On the street she dashed heedlessly in front of motor cars, or jumped on the running boards. She would get into delivery wagons while the driver was absent, and drive around. On one occasion she caused a runaway by whipping the horses. She was finally rescued, unhurt and unfrightened.

It was unsafe to leave her with her younger brothers, as she took delight in twisting their hands and feet unmercifully. Her older brothers, she teased and tormented, and when they tried to discipline her, she would bite them and claw at them. At other times she fondled them, was sexually aggressive, and was rather frequently masturbated by one of them. On one occasion intercourse was attempted by the eldest brother, who was sixteen years old.

With children in the neighborhood she could not play at all. They called her names and excluded her from their games, which made her cry or go into violent rages. The neighbors were annoyed by her sneaking into their houses and going through drawers and closets. She asked for anything she wanted, but did not steal. If any one was good to her, she was excessively demonstrative and would be apt to appear suddenly in the person's house at any time of the day or evening. She had insatiable curiosity about private meetings held at the school or church, and would either conceal herself and listen to the proceedings, or would walk boldly in again and again, unless the door was locked against her, in which case she would scream and kick at the door or try to enter by a window.

She did not return to school until the fall after her illness. She entered third grade again and did good work when she applied herself. Her ability was considered above third-grade work, but her behavior was so annoying that promotion was not given, and after four months, the Sister Superior appealed to the mother to keep the child at home. The mother felt this disgrace keenly.

The patient was brought to the institute two years after the illness occurred. Sanitarium care, which would include hydrotherapy and routine hygienic measures, was recommended. Many sanitariums were written to, but the charges were prohibitive and the treatment could not be tried. For a time the patient was under observation in the psychopathic ward of the county hospital. The diagnosis there agreed with the diagnosis made at the institute.

It was considered imperative that the child be removed from home, because it was impossible to keep her out of danger and because of the mother's nervously overwrought condition. She was committed to the House of the Good Shepherd, but was sent home after two weeks, because of her unruly behavior and because she could not be kept from danger. She crawled under the electrical machinery in the sewing room, tried to climb out of a third-story window, and was rescued from various other dangerous situations. She was next committed to the state training school for girls, where she is at present in the "padded cell" of the punishment cottage, not as a punitive measure, but in order that she may be shielded from excitement.

She is a pathetic, appealing child, and readily wins the matron's sympathy, only to lose it when a change of mood occurs, during which she may bite or kick the matron. The chief annoyance is her constant clamoring for books and more books. Her love of reading seems to be the only former trait that has persisted since the illness. After a year at this school there has been no permanent improvement. It was not expected that she would improve there, but the lack of facilities for treating patients of this type makes it necessary to resort to any means at hand that will solve any of the social problems created by these patients.

CASE II.

M. S., a girl of German parentage, aged fourteen years, referred May, 1922, by her school teacher.

The complaint in this case was that the patient was irritable, quarrelsome, restless, violated all rules of the classroom, and had been expelled from school.

In March, 1920, the patient had influenza and epidemic encephalitis with typical symptoms. Her present behavior difficulties followed the illness.

The physical findings were chiefly coarse tremor of the tongue, asymmetry of the face, slurring speech, divergent strabismus, and sluggish pupillary reactions. The patient was well-developed and well-nourished.

Psychiatric examination revealed the fact that she felt abused by her teacher, resented being teased by her schoolmates, and thought that they were all against her. She was hyperactive, emotionally shallow, inquisitive, and resentful.

A psychological examination, May, 1922, showed a mental age of thirteen years and ten months, intelligence quotient 93. Reëxamination, in March, 1923, showed no deterioration.

Investigation disclosed that previous to the illness, the patient was obedient and tractable. She went to bed and got up at a regular hour, came on time to meals, and was never late to school. She was clean and neat in appearance. Her chores were done cheerfully. She had many friends and rarely quarreled with them. In school she was diligent, although rather slow. Before her illness, she was in the eighth grade, doing good work, and expected to graduate at the end of the semester.

After the encephalitis attack, there was a complete change in her behavior. She became obstinate and impudent. She objected to complying with almost every request, and whined and nagged constantly in a persistent effort to have her own way. When she did not succeed, she would resort to certain annoying practices, such as snapping her fingers or scraping her feet on the floor for long periods. Usually she refused to help her mother, complaining of lack of energy or, when compelled to work, of ache and pain and fatigue. Such work as she did was done well, but she accomplished only about a third as much in a given time as formerly. Her habits were so irregular that her mother's plans were always being upset. She got up at any hour in the morning that suited her; demanded food continuously throughout the day and evening; took naps irregularly during the day; and refused to go to bed until late at night. Although she was nightly enuretic before her illness, she did not once have enuresis afterwards. Several times every night she would wake up, but would be powerless to get up or call out, and would make inarticulate sounds to call her mother to take her to the toilet.

In school she was extremely restless and desired constant attention from the teacher. She talked aloud, quarreled with the other children, argued with the teacher, and wandered about the room at will while the school was in session. Because of poor attention, she was able to accomplish but half as much as before her illness, but even so her marks were satisfactory. Her behavior was so disturbing to the teacher and pupils that she was excluded from school, although she had but a few months' work to do in order to graduate.

She became an object of teasing in her neighborhood. Children called her ''squeegee'' and ''goggle-eye'', which enraged her. She would chase them and slap them. She was tolerated by several girls of her own age, who were out every night with boys, and through this association, she, too, became ''boy crazy'' and nagged or flew into a rage every night when not allowed to go out with these girls.

In this case, the mother and stepfather had been told that the behavior resulted from the sickness. But this fact had not been made sufficiently clear. Their supervision was wavering. They pleaded with her and nagged at her constantly, but were, withal, very patient and indulgent. In their ignorance, they were unable to control her by any means other than bribery, and with that method had only occasional success. After supervision was undertaken by the institute, the mother controlled the child to some extent by threatening to notify the worker to come and take her away in the "wagon". This method was not at first approved by the worker, but the mother's plea to be allowed to continue it, as it "worked wonderful" and gave her the first rest she had had in three years, could not be refused.

The family could not afford a private school for the patient, though it is doubtful if any school would have received her, and the strain of having to cope with her all day, with never any relief, caused the mother's health to fail. The stepfather on two occasions made definite plans to leave home, since his home life was completely spoiled by the child's behavior. When these crises were brought about, she became alarmed and penitent. A brother, several years older than she, was annoyed by her whining and occasional tampering with his things, but as their contacts were rare, no serious trouble between them occurred.

Treatment was undertaken by the social-work department of the institute nine months after the patient's examination. Information given the mother, as to the nature of the disease, resulted in less emotional reaction on her part to the patient's behavior. The mere emphasis on the fact that the child was suffering from "an organic brain disease" had real psychologic value. The mother remarked: "Then we must treat her just as though she were insane." Under the worker's direction, the mother was able, with some degree of success, to establish for the patient a regular daily routine of living. Her sleep became less disturbed and there was a marked decrease in irritability.

It was considered advisable that she should finish the eighth grade in school before going to work, and she was placed in the public school for crippled children, where the principal and teachers were readily interested in undertaking a special program for her and another institute patient, a post-encephalitic boy, who, because of "wryneck", was already a pupil in this school. The program included regular rest periods, with hydrotherapy, followed by a twenty-minute period in bed; food at regular intervals; no severe punishment; and the practice of kindly, persistent urging to induce obedience and application to her work.

Almost from the first, following this treatment, marked changes in the patient's behavior were noted by the mother. It was not necessary to take her to the toilet during the night; she ceased demanding food at all hours; she uncomplainingly helped her mother with the supper dishes; and accepted, with comparatively little resistance, her parents' decree that she should not be on the streets after dark or go to public dances.

For a period of six weeks, a fair adjustment was effected. Then the child again became irritable and complaining. She thought she was not being fairly treated, accused other children of telling tales about her, was impudent to her teacher, argued about everything, and often refused to do the tasks that were given her. Her school work, however, was satisfactory, and she was given a diploma at the end of the session. When the social worker tried to get her a job, she refused the ones offered and, on her own initiative, got work in a factory as mail clerk, at a wage of $12 a week. She has held this job for two weeks, but is dissatisfied with the work and the salary.

The friction at home continues. The patient insists upon wearing her best dress to work, in spite of her mother's remonstrance. She now wishes to get nose glasses and discard the shell-rimmed glasses which were obtained for her because she objected to her steel-rimmed ones. She has joined two settlement clubs and tries to run them to her own taste. With boys she is very aggressive and is generally unpopular. The stepfather is again threatening to leave home.

This case illustrates the possibility of further education and the possibility of adjustment, although for a short time only. Because of the periods of upset, the prognosis is guarded, but with frequent adjustments of environment, there is a chance that she will make educational, social, and economic progress.

CASE III.

L. M., a Negro boy, eleven years old, referred September, 1921, by a physician.

The complaint was that the patient wandered away from home and stayed out all night, stole money from home and toys from children, told lies, was truant from school, refused to study, and was extremely talkative and easily excited.

There was a history of influenza in October, 1919, at the onset of which the patient had a severe headache with fever and double vision. He was in bed for two weeks, and became very restless and irritable afterwards. In January, 1920, he again ''saw double''. He talked incessantly much of the day and night. His talk consisted largely of reminiscences of earlier childhood and quotations from sermons and school lessons. This period of hyperactivity was followed by a period in which he was both drowsy and restless. He complained always of being cold, even in summer.

Physical examination revealed a slight tremor of the hands and slightly unequal pupils. Reëxamination showed no change. The Wassermann test was negative. A diagnosis of post-encephalitis was made.

Psychiatric examination revealed marked egocentricity, evasiveness, and resistance to questioning.

By intelligence tests he was found to have very superior intelligence. His chronological age was eleven years and eight months; his mental age, fourteen years and two months; his intelligence quotient 121. Reëxamination in August, 1922, when his chronological age was twelve years and seven months, gave him a mental age of seventeen years and two months and an intelligence quotient of 136. During the examination, he moved about constantly in his chair, with jerky movements.

According to the mother, this child was not a problem before his illness. He accepted without resistance the discipline and routine life of the family. In doing chores, while he felt no responsibility for doing them, he did not have to be urged. He was obedient and truthful, eager to please and fond of praise. Emotionally, he reacted normally.

His younger brothers and sisters and an older sister he completely dominated, but they admired him extraordinarily, and the relationship was an amicable one. Among his companions he was regarded as a leader and a "good sport".

By his school teachers he was reported variously as bright, interesting, and amenable, and as very bright, but very annoying, because of certain egocentric manifestations, such as coming to class late with an air of bravado, "bluffing", and an excessive eagerness to ingratiate himself with the teacher by running errands and always being at hand to help. In his work, his application was variable, but the work was always done quickly and received very good marks. He was seldom tardy and never truant.

After the encephalitis, he became very restless and irritable. He talked constantly, disregarded the rules of the household, was impatient and argumentative. It was difficult to get him to bed and to get him up in the morning. Periods of drowsiness occurred frequently during the day, with insomnia and restless sleep at night. He paid no attention to meal hours; when he did come to a meal, he could not sit still at the table, but made sandwiches and wandered about the house while he ate them. He continued to be accommodating about doing chores, but when sent on errands, would spend the money given him for certain purchases for anything he desired. Occasionally he stole money from his mother and wandered away from home, usually staying out all night.

His graceful dominance of his brothers and sisters gave way to an ill-tempered domineering over them. He fought with them, took their things away from them, and spoiled their fun generally. Frequently he would burst into tears, quite unaccountably.

Because of his peevishness, his determination to have his own way, his swaggering and dishonesty, he became undesirable to his companions, who ceased to regard him as a leader. They teased and ridiculed him and left him out of their games. Consequently he sought the companionship of younger children whom he could dominate.

His behavior in school was troublesome in the extreme. He was tardy and often truant for days at a time, and lied glibly in explanation of his delinquencies. He did not deliberately disobey or try to annoy, but his teacher was exasperated by his constant chattering and swaggering, his excessive eagerness to please, which was more pronounced than formerly, and by his complete unawareness of the rules. Because of poor application and frequent absences, his work was poor. He repeated the fifth and sixth grades and was promoted to seventh grade on trial in February, 1923. He was repeatedly up before the principal, but neither rebukes nor punishment were of any avail. Finally he was taken out of school and later sent to the parental school.

He was referred to the social-work department for supervision a year after the examination in the clinic. This was nearly three years after his illness. It was possible to make the parents, who are Negroes of superior intelligence, understand the nature of the boy's difficulty and to secure their coöperation in his treatment. The father had been in the habit of punishing the child severely for his truancies and stealing and was quite impatient with him, generally, because of his irresponsible behavior. The mother, feeling that the disease was somehow responsible for his changed behavior, had never been severe with him and disapproved of the father's stern methods. Their disagreement on this point, while it resulted in no very serious incompatibility, caused a certain tension and unpleasantness in their relations. After the trouble was understood, however, the father rarely punished the boy, and considerable effort was made to prevent situations arising that would cause him undue irritation.

Under the social worker's supervision, he became less restless and more tractable. He was taken on outings which were not of an exciting nature, and was encouraged to write plays and poetry. Writing interested him and supplied an outlet for a lot of energy. At the beginning of the fall session of school, the worker explained to the boy's teacher and principal that his impulsive behavior was a sequel of his attack of encephalitis. It was never possible to convince them, however, that the behavior was anything but wilful. One truancy occurred, during the first week, probably due to his dread of school, where prejudice was strong against him, but thereafter no truancies occurred in a period of five months. In all respects his behavior improved remarkably.

At the end of this period, a recurrence of the behavior disorders, chiefly truancy from school and home, stealing, extreme restlessness, and peevishness toward the other children in the family, made it seem advisable to transfer him to another school, where, with more kindly and understanding treatment, he might again become adjusted for a time. He was kept at home for about two months and was allowed to do much as he pleased. There was no very flagrant misbehavior, but with his extremely irregular habits, irresponsibility, talkativeness, and peevishness, he was a disorganizing element in the household. It was decided that the parental school might be of some value, since he would have to follow a regular schedule there. Pending his commitment he continued at home. He was encouraged to keep up his writing and was given saxophone lessons, which proved to be an absorbing interest. At parental school he was at first not allowed to have his saxophone, but later permission was given.

After two months and a half at parental school, he seems to be making a fair adjustment. At first he demanded special privileges and was argumentative and slow to obey orders. For punishment he was given "squats" and crawling on the floor, and was once put in solitary confinement for a day. Recently he seems to be giving little trouble. Upon discharge in the fall he is to be placed in boarding school, as apparently the regularity which his parents cannot enforce is helpful to him.

Special emphasis was placed on recreation in this case, for the purpose of establishing a friendly relationship between the worker and the patient and of affording the worker an opportunity of observing the patient's type of response and the duration of his interest. He was taken on numerous outings to the museum, library, children's concerts, plays, and picnics. On all these occasions his interest was sustained, but superficial, and no permanent interest was aroused. He wanted to take elocution lessons, and was entered in a class, but soon lost interest. At summer camp he showed no interest in group play, but preferred to watch the farmers at work in the fields. He stole from the camp and from the boys and was not amenable to camp discipline. His interest in his saxophone lessons has been longer sustained and deeper than any other interest he has shown.

On all the outings the other children were taken also, with the idea of unifying them, as various conflicts had arisen in the group since the patient's illness. The patient squabbled with all of them and took delight in teasing a younger sister, who is much darker in complexion than the others, calling her ''Blackie'' and ''Nig'' until the child began to feel isolated and different and cried much of the time.

In talking with the patient about his difficulties, no opportunity was overlooked to appeal to his intelligence and power of analysis—and frequently to his vanity. His response to the worker's suggestions was instantaneous and affable, but of short duration, though sufficiently sustained to warrant a continuance of that type of approach.

In the case of this boy, as with many of these patients, the severity of his behavior difficulties was out of proportion to his physical defects. Except for a slight tremor of the hands, he appeared to be a normal boy. The extent of his difficulties seemed rather to be proportionate to the degree of harshness that his impulsive acts elicited.

CASE IV.

M. B., a girl, fourteen years of age, referred February, 1922, by the juvenile court.

The complaint in the case of this patient was that she annoyed the neighbors, was cruel to children, had ''fainting spells'' and violent outbursts of temper, and had been unable to attend school since an attack of ''sleeping sickness''.

The history disclosed that the attack of ''sleeping sickness'' had followed influenza and ''brain fever''. The patient was ill for ten weeks. After that she complained of pains in her head and back. About twice a week ''fainting spells'' occurred in which she would fall to the ground, appear to be unconscious for about a minute, and then recover. Her personality had completely changed since the illness.

The examination at the institute showed physical findings of post-encephalitic pathology; pupils irregular, tongue deviated to left; right facial paresis; spasm of left facial muscles; slurring speech; and moist, cyanotic hands. There were present in addition adenoids, lordosis, and malnutrition. The child was well-developed. Subsequent examinations within a year showed no change.

The psychiatrist found her emotionally unstable. She laughed, cried, became angry, penitent, and pleased in quick succession. There were no deep or adequate reactions. She resented supervision, and was aggressively antagonistic. The "fainting spells" were psychoneurotic in type. Psychiatric and physical examinations five months and ten months later showed practically no change.

By intelligence tests on the date of her admission, her mental age was found to be eleven years and four months, her chronological age fourteen years and five months, which gave her an intelligence quotient of 78.6. This was not considered a true rating by the examiner. Reëxamination five months later gave her an intelligence quotient of 81. She frequently said, "I can't do that", but when urged, showed sufficient capacity. A third examination ten months after the first gave the same rating.

The social investigation revealed that, previous to the encephalitis, she had been the "pet of the neighborhood", an obedient, quiet, even-tempered child, always thinking of others and never giving any trouble. She and a younger brother lived with their grandparents, and were well adjusted to this arrangement.

Following the illness, the patient became violently antagonistic to her grandparents. When denied her own way, she would hurl at them any object at hand or else resort to vile epithets. After her rage subsided, she would become aggrieved, repeating over and over, "You don't want me here." She constantly accused her grandmother of lying, and told everywhere tales of how the grandmother abused and cursed her. Usually she objected to helping with the work and could not be depended on when she did consent to help. If told to wash the dishes, she would "stand for two hours" making soapsuds in the pan. It was impossible to make her go to bed until very late, and impossible to get her up in the morning. The grandmother was distraught because of this erratic and wild behavior. Also she was fearful of possible disaster, as the patient twice attempted suicide by turning on the gas, and on another occasion carried about with her a bottle of iodine which she threatened to drink, holding the grandparents at bay with a knife.

With other children she was pugnacious, and to little children extremely cruel, availing herself of every opportunity to twist their arms and legs or to choke them. One child was almost choked to death by her. Frequently she was discovered choking the chickens and mistreating cats. Invariably she denied that she tortured or tormented children, declaring that, on the contrary, it was they who tormented her, calling her ''boob'' and ''crazy'' and leaving her out of their games.

The neighbors found her so troublesome that several times complaints were made to the police. It was on one of these occasions that she was referred to the institute by the juvenile court. It was reported that she was bold and impertinent, entering the neighbors' houses without invitation and insisting that they listen to her tales of the grandmother's cruelty, or else making accusations against them of immorality, dishonesty, or what not.

She did not return to school for a year and a half after her illness, because of sleepiness during the day and fainting attacks which occurred at home and on the street. In these attacks she would seem to faint, but would not be entirely unconscious. The neighbors thought that they were feigned, but later, when they occurred in school, her teachers considered them genuine. Frequently after eating, she would vomit, but whether from overeating, as her appetite was enormous, or from emotional or other disturbance, was not ascertained.

During the fall of 1921, she attended school (fifth grade) for several weeks, but left on the advice of her doctor because of the ''fainting spells''. There is no record of her work during this period.

Treatment was undertaken by the social-work department of the institute, following the examination in February, 1922. The grandmother was given a daily schedule for the patient to follow and a record sheet, on which the child's misdeeds were recorded. This acted as an incentive to good behavior and for several weeks considerable improvement was noted.

Also, the patient was frequently taken on outings, as an incentive to good conduct and to afford an opportunity for the social worker to observe her reactions.

In April, 1922, it was decided that she should return to school. For several weeks she attended and was doing fairly good work when she was sent to the detention home. The neighbors had become so outraged at her telling scandalous stories about them, causing thereby some rather serious trouble, that they had again complained to the juvenile court and she was placed in the detention home, the grandmother making no objection, as she was worn out from the constant strain she had been under since the child's illness.

Since her behavior did not improve, it was necessary for the sake of the grandmother, as well as for the protection of the children in the neighborhood, to place her in an institution. As a matter of expediency, she was committed to the state training school for girls, where she remained from August, 1922, to February, 1923. She was extremely difficult to control, and was kept in the punishment cottage. An attack of grippe in February, 1923, so depleted her that the grandmother was requested to take her home. She was placed in a convalescent home, but made so much noise and disturbance that she was not allowed to stay. From there she was taken to a hospital, where she was given convalescent care to build her up before her tonsils and adenoids were removed. At the same time she was under the observation of a neurologist and was given Fowler's solution. Also, she was given hot packs to bring about menstruation. At the end of six weeks she was discharged from the hospital, with her tonsils and adenoids removed and menstruation established. Her grandmother reports that she is apparently recovered. The recovery she attributes to the hospital care, since the child has been entirely tractable and sweet-tempered since she came from the hospital, and is giving no trouble whatsoever.

Unfortunately it has not been possible to find out more about the treatment she received in the hospital, nor could it be determined whether the irritability and emotional upsets became gradually less marked or whether the recovery appeared to be sudden.

CASE V.

I. D., a Jewish boy, sixteen years old, referred September, 1922, by the Jewish Social Service Bureau.

The complaint was that this boy became exhausted and drowsy after a morning's search for work; that he had lost interest in his family and in study, was careless about his appearance, was irritable, and had unreasonable desires. This behavior began after an attack of "sleeping sickness" in February, 1922. The patient was ill for five weeks.

Physical examination showed findings of post-encephalitic disorder. Psychiatric examination revealed marked emotional indifference, with many flights of attention. The boy was very talkative, asked many questions, elaborated and exaggerated, and told jokes inopportunely.

By intelligence tests, September, 1922, his mental age was found to be sixteen years and one month, his intelligence quotient 100. The Stanford test showed poor judgment. He was talkative and evasive; he elaborated, showed preference for big words, and assumed a superior, amused attitude toward the tests. Reëxamination six months later gave him a mental age of seventeen years and six months and an intelligence quotient of 109.

Before his illness he was devoted to his family and very considerate of every one. He was regular in his habits, did chores willingly, and accepted responsibility. Emotionally he was well balanced—was never quarrelsome, showed no tendency to dominate, and was never "touchy". He was not an object of teasing among his brothers and sisters, and did not try to tease them. With his companions he got on equally well.

In school he was much liked by his teachers. A student, interested in books and full of life, he was very ambitious to become a journalist. His marks were invariably good, except in manual training. At the age of thirteen he was graduated from the eighth grade.

There was no severe economic distress in his family, but as there were four younger children and the father was barely making a living from a small news agency, it was considered expedient that the boy should go to work. For two and a half years before his illness he worked as a file clerk for $75 a month, keeping up his studies all the while and planning to fit himself in the future for journalism.

After the attack of encephalitis, he lost all interest in his studies. He ceased to care for his family, refusing to conform to their routine of life and objecting to doing chores. He assumed a cold, superior attitude, expecting to be indulged in all his wishes, which were for the most part unreasonable. When refused anything, he was very disagreeable and was amenable only when he got everything he asked for. He argued with his parents about everything and usually became angry over an argument. He tried to dominate the other children, making many "invalid" demands of them and putting off on them the things he was supposed to do. He was highly irritable and would cry when disappointed. His companions, as well as his brothers and sisters, were very patient with him, and always tried to include him in their activities, but he usually refused to join them, except to play tennis.

He did not try to work until six months after his illness. A number of jobs were found for him, but he could not hold them, as he was too slow. This was partly due to inability to apply himself and partly to muscular atony. Also, he would not do any work that he disliked.

After the examination at the institute, he came back frequently for talks with the psychiatrist. His interest in books revived and also his ambition to do newspaper work. Numerous positions on newspapers were found for him—some of them he got for himself—but always after a week or two he was either discharged for inefficiency or left of his own accord, because some detail of the work did not suit him. In this respect he has not changed. He is doing quite a lot of writing, however, and has had several of his stories and articles accepted by newspapers.

Since March, 1923, a decided improvement has been noted in his behavior at home. He is much less quarrelsome and argumentative. He gets up at seven o'clock in the morning without being waked, as he did before the illness. He is able to apply himself and works with interest. Various annoying habits, formed after his sickness, still persist, and he still makes ''invalid'' demands occasionally, but on the whole he seems almost to have recovered. The latest report from his family shows rapid progress in his return to health.

It cannot be stated that any one thing or any combination of conditions brought about the recovery, but there stand out as exceptional in this case two features that may be significant. In the first place, the family, understanding somewhat the situation, did not try to make the patient adapt himself to their family life, but rather made it possible for him to follow his own inclination when it was apparent that he could not be persuaded to do otherwise. No force was ever used. He was never nagged at and never punished. An allowance of $40 a month from the Jewish Social Service Bureau relieved the family of the burden of his expense, and so he was not urged to go back to work until his physical condition was sufficiently improved, after a summer spent out of doors, to warrant the withdrawal of the allowance. Secondly, he was shielded from irritating situations by the mother. For instance, no quarreling or noisy behavior among the other children was permitted and they were taught not to react emotionally to the patient's behavior. If a discussion between the father and the patient seemed likely to become heated, the mother would many times manage to avert the threatened temper explosion. His friends, as well as his family, being people of nice feeling, he was not subjected to teasing and insults on account of his behavior. In spite of the mother's best efforts, however, the atmosphere of the home was, for her and the father especially, one of high nervous tension, and she felt exhausted and broken under the strain.

CASE VI

E. S., a girl, twelve years old, referred July, 1921, by a children's hospital.

This child was referred because of ''nervousness'', insomnia, ''terrible'' temper, and attacks of breath-holding or, more frequently, of rapid, deep breathing during which she might moan, cry, strike out at people, claw, swear, run around the room, and tear up paper and clothing, in a short time appearing normal again.

The exact time of the onset of this condition could not be stated, because the child was in a convent when it began. During the school session of 1917-1918, it had been observed that she was beginning to be "nervous", jerky, and unable to sit still. There was no complaint of her work, however, until the following November, when she returned home on vacation with a record of only passing grades. Her jerkiness had increased and the Sister in charge of her had observed that she was easily irritated, restless, and inclined to be "touchy" and seemed lonesome and dejected when her mother did not come to see her. For a year or more she had had headaches of a migraine type once or twice a week. Her mother observed that she was flushed and put her to bed. A doctor made a diagnosis of influenza, and she was in bed with fever for nearly three weeks. Immediately after she got up, spells of deep, rapid breathing began, not as violent as they became later on, but of the same type. The personality changes were also noted at this time. Two years and a half later she was brought to the institute for examination.

The physical examination showed marked underweight, very brisk reflexes, unequal pupils, somewhat rapid pulse, dermographia, two small telangiectatic areas on the face about 5 mm. in diameter, and slight ataxia in finger-to-finger and finger-to-nose tests. Metabolism, spinal-fluid, Wassermann, and other tests were negative. Subsequent examinations in October and December, 1921, showed no changes except a greater inequality of pupils. Later, nystagmus was noted. A diagnosis of post-encephalitis was made eight months later. During the examination the patient had an attack, which consisted of panting, respiratory movements, with fullness of the neck, mouth wide open, and pupils dilated. She constantly moved about, fingering various objects, tearing up paper, attempting to scratch the examiner, spitting, and calling him bad names. Her muscles were somewhat tense, but there was no tremor. She did not respond, even to her name when it was shouted at her. The attack lasted four minutes. Afterwards she appeared as before, smiling and coöperative, but with increased respiration.

During the psychiatric examination, the patient responded and reacted well, between periods of excitement.

Intelligence tests were not satisfactory because coöperation was interfered with by the periods of upset. Her intelligence quotient July, 1921, was 83; in December, 1921, it was 93.

A description by the mother, grandmother, and several school teachers of the patient's personality before her illness shows that she was a very amiable, docile child, never impudent, very generous and helpful, and liked by every one. She had never been punished, since it had never been thought necessary. She was bright and winsome and a constant delight to her mother and stepfather. Her school record showed excellence in conduct and in all her work. At nine years she was in the fifth grade. It was at this time that she began to be restless and irritable, prior to her illness in November, 1918. Defective vision was suspected as the cause, but glasses did not improve her condition.

The personality changes noted after her illness were quite different from the slight changes noted during the year before the illness. During the deep-breathing attacks, which occurred from five to ten times a day, her behavior took violent and most unaccountable forms. She would throw her food about the table or with a sweeping motion dash most of the dishes off on the floor. She tore the paper off the walls, smashed the glass over pictures, tore her clothing and the bed sheets, played with matches and the stove lighter, and defaced the entire apartment. It was impossible to watch her closely enough to prevent destruction. It would take her hours to dress herself, whereas, at three years, she could dress herself quickly and correctly. In the bathroom she would play with water, throwing it all over the walls. Once she voluntarily got the mop, partially wiped up the water, and then hit her mother with the mop.

Periods of this type of behavior were varied with attacks which the mother described as "falling spells", which occurred once or twice daily, in which the child would suddenly grasp a chair or her mother or anything at hand, as if she were going to fall, holding on to it very rigidly, staring and not responding to sounds. Always she seemed very tired in such an attack and afterwards often went to sleep. Her sleep at night was usually restless and interrupted by numerous attacks of the kind described, and by masturbation, a practice which had been frequent since an early age. There would be periods when she would get in and out of bed every few minutes. Her nightgowns and the sheets she tore in strips. Frequently there were bowel involuntaries, which interested her, even to the point of playing with the excreta. The headaches occurred only about once a month. During a period of about a month in the fall of 1921, she pulled out most of her hair and ate it.

For the most part she was kept away from other children, as she wanted to dominate them, and when she could not, she cried or stamped her feet in rage. They teased her and ridiculed her; consequently she was allowed to play only occasionally for short periods with one little girl who lived in the apartment above. To older people she was impertinent, and would impulsively strike at them, pinch them, or spit at them.

Several attempts were made to have her attend school again, but it was clearly impossible for her to adjust to classroom conditions and so she was kept at home, at the request of the school authorities.

For periods of two and three weeks, at three different times, she was in hospitals, but no improvement was noted. Bromides and luminal treatment were also unsuccessful.

For a year and a half after her illness, she was with her grandmother, as the mother felt that the stepfather's playful teasing and overattentiveness were exciting and irritating to the child. As she grew steadily worse there, she was taken home again, and for two years the parents gave up most of their social pleasures and duties and devoted themselves to her. No friends were allowed to come to see them, the patient was not allowed to play with other children, and as far as possible the house was kept quiet. The mother took the child out for walks and occasionally the social worker supplied recreation. The parents soon learned that punishment availed not at all. Sometimes the child was shown a strap to induce obedience, but mostly discipline was enforced by kindness, and only for the purpose of making her conform to regular hygienic routine.

The mother observed that fatigue and hunger increased the severity of the attacks mentioned. As a result of her constant activity and lack of sleep and variable interest in food, the child was extremely thin. It was not until the summer of 1922 that she could be induced to drink milk. When she found that the milk made her gain in weight, she became interested and took as much as two quarts daily. In every way she began to improve. About the same time her father discovered that if she were held tightly as soon as a deep-breathing spell began, and told firmly to control herself, the attack would be over in about half a minute. Her recovery from this time on was rapid. She returned to school in the fall, entered sixth grade, and was promoted to 6A in February, 1923. Two attacks of deep breathing occurred the first week. The teacher made no fuss over them, but told her to control them, and they have not been repeated throughout the past school year. She became again a pleasant, even-tempered, affectionate child, ceased to make "invalid" demands, and has shown no abnormal behavior up to the present time.

Menstruation began several months ago. She now weighs one hundred and twenty-two pounds at the age of fourteen and seems perfectly healthy and normal in all respects, except for a rare recurrence of the rapid breathing when she is especially tired or hungry. The attacks last only a minute or so and are not accompanied by any other unusual behavior.

This child is one of three, out of twenty-four post-encephalitic children seen at the institute, who have practically made complete recovery. It would seem that the recovery was due to the quiet, sheltered existence which the parents' intelligence, self-sacrifice, and devotion made possible for the child. Fortunately there were no other children in the family to complicate the problem, and so the parents could carry out the psychiatrist's recommendations of complete rest and no excitement. The parents, however, have suffered from the nervous strain almost as keenly as other parents who have had the family as well as the individual problem to deal with, the strain resulting, in this case, in a rather serious conjugal difficulty.

CASE VII

H. H., a boy of nine years, of German parentage, referred February, 1922, by a school principal.

The complaint was that the patient had missed about a year and a half of school in the past two years, during which time he had been having periods of rapid, deep breathing. He had also been restless, ''nervous'', and quick-tempered; when angry, he would hit any one with whatever he might have in his hand. Recently he had stolen things from home.

There was history of his having had a very slight attack of influenza in December, 1918. No change in his behavior at home or at school was noted until the following December, when he began to complain of being too hot, and to object to being dressed. This went on for a month, when he became suddenly worse, refusing absolutely to have his clothes put on him. He was put to bed and the mother observed that his arms and legs were twitching and that his eyes, which were partially closed, had an ''odd look''. He would answer questions correctly, but was very slow in his response. A physician made a diagnosis of chorea and prescribed a sedative. This was in February, 1920. For more than two months the child was in and out of bed, tired all the time and sleeping a great deal. The least sound would waken him and then his arms and legs would twitch, his head moving constantly on the pillow. After several months he discovered that he could stop this twitching by breathing deeply and rapidly. The relief was so great that he could not be induced to give up the practice, but would keep it up for hours at a time. If persuaded to give it up, he would get blue in the face, the twitching would begin, then the blueness would disappear and normal breathing would occur for about ten minutes, followed by a recurrence of the deep, rapid breathing.

In August, 1920, he was under observation for two weeks in a hospital. The polypnea was considered a ''remnant of 'St. Vitus' Dance', which could be and should be controlled''. The mother was advised to throw cold water on the child's face whenever the attacks occurred.

The physical examination at the institute revealed a pale, under-developed, under-nourished boy, with exaggerated deep reflexes, stuttering speech, and occasional attacks of polypnea. The Wassermann test was negative. A diagnosis was made of post-encephalitic disorder.

The psychiatric examination revealed, chiefly, restlessness, irritability, irregular periods of resistance to questioning, marked emotional instability, and psychoneurotic reaction to the handicaps imposed upon him by the disease.

By psychometric tests he was found to have a mental age of eight years and four months, an intelligence quotient of 90. Ten months later examination showed a mental age of nine years and six months, intelligence quotient 94. Attention was good except during periods of emotional upset and during periods of deep breathing, at which times there was marked delay in responses. At one time there was a delay of fifteen minutes, during which the patient appeared very angry, threw objects on the floor, and had a spell of deep breathing. Afterwards testing was resumed with the full coöperation of the patient, and his responses were average for his age.

Before his illness, he was considered by his mother the ''nicest of her flock''. He was affectionate and obedient, and was not a problem in any respect. Older people enjoyed talking to him, for he was bright and rather mature in his conversation. He had no difficulty in getting along with his brothers and sisters or with other children.

He entered the first grade in school in 1918, and was considered by his teacher one of the brightest boys in the room and very well-behaved. He entered second grade in the fall of 1919 and gave no trouble until after his return to school in the fall of 1920, following his illness.

After this illness, he became peevish and quick-tempered, ceased to be affectionate with his mother, and resented being told to do things. He would tell his mother that he did not like her, and to the grandmother, who lived with them, he was especially impertinent and would scratch her when displeased with her, or torment her by locking her in the cellar, hiding the kitchen utensils and her knitting, and doing many other things distressing to her. He stole money from home several times for carfare and ran away. Much of the time he was drowsy or bothered by twitchings of his arms and legs, which he relieved by rapid, deep breathing. These attacks have always been more pronounced in the morning when he was hungry and in the evening when he was sleepy. His sleep was light and broken. He would occasionally get up and walk about. Enuresis occurred several times a week. With his brothers and sisters he became very cross, refusing to let them touch his things and fighting with them on the slightest provocation. With other children also he was very "touchy" and would fight any one even if twice his size. It was exhausting to him to play with children, as he tired easily and could not keep up with them and was frequently enraged by their calling him "foolish".

At his aunt's farm, where he spent several months in the spring and summer of 1920, it was observed that he did not play as other children did. He chased the chickens to see them fly and squeezed them to hurt them. He was regarded as an "odd" child and for the most part was let alone. Toward the end of his visit, however, he was very sharply reprimanded for something. This so upset him that fecal incontinence started and continued for a week, but ceased immediately upon his return to his home. He gained ten pounds in the country, but no other improvement was noted.

When he returned to school in the fall of 1920, he was drowsy and uninterested, spent most of the time napping, and responded only when spoken to individually. In the fall of 1921, he was still in the second grade. He was handicapped by the twitching of his arm, when he tried to write, and by the periods of rapid breathing which occurred almost continuously. When told to stop, he could control this breathing for about five or ten minutes only. In other respects he was not a behavior problem. Occasionally he would walk about the room, but no flagrant misconduct occurred, until he rang the fire alarm, after which episode he was suspended from school and referred to the institute for examination.

Social supervision was not undertaken in this case. The mother was advised to send the boy to boarding school, since she had to work and the grandmother could not give him the constant supervision that was required. The mother, who was a widow, was able to afford the expense, since she owned her home, and in addition to her earnings had a fair income from several boarders. In September, 1922, accordingly, the boy was placed in boarding school. His record there was fair, but in February, 1923, the mother was asked to take him home, since he had several times been found striking matches and the principal feared he might set fire to something. He was next placed in a private day school for children with special disabilities. In this school he has a rest period in the middle of the afternoon session and is dipped in cold water to check the attacks of polypnea. He is doing fairly good work in the third grade. Although still restless, he is much more responsive. At home he is less irritable and disobedient and is in all respects improved.

CASE VIII

J. S., a Jewish boy, nineteen years of age, referred March, 1923, by the Jewish Social Service Bureau.

This boy was sent to the institute for a mental rating and vocational advice. The reason for requesting the examination was that the patient could not hold a job because of drowsiness and slowness and was objectionable to his family because of irritability and unpleasant personal habits.

There was a history of encephalitis in September, 1918. While on a hike, the patient became ill ‘‘from eating wienerwursts and canned tomatoes without cooking either’’. For two weeks he could keep neither food nor medicine in his stomach. A doctor who was called made a diagnosis of ‘‘nervous breakdown’’. The patient became delirious and was removed to a hospital, where he slept for six weeks. When he got up, his eyes rolled up in his head; he ‘‘saw double’’, and saw objects in colors, all in one color at a time. After several weeks he was able to walk about a little. His left arm he could move only with pain. It was not until January, 1919, that he could get about well enough to return to school.

Physically, the examination at the institute showed post-encephalitic disorder. The posture was stopped, the gait rigid; there was some propulsion, marked retropulsion, marked tremor of the hands, arms, and legs, more pronounced on the right side, and tremor of the head at times; movements were slow and difficult, legs spastic; there was paresis of the right facial muscles, and divergent strabismus of the left eye; the pupils were irregular, unequal, and reacted sluggishly to light. The Wassermann test was negative.

The psychiatrist found the boy dull and apathetic. His responses were logical. He complained of not being wanted by his family and of inability to get work because of his physical condition.

By intelligence test he was found to have a mental age of fifteen years and nine months, with an intelligence quotient of 98.

Social examination revealed a situation in which a well-adjusted boy had become completely maladjusted following the attack of encephalitis, and was causing acute discord among the members of his family and overwrought nerves in every one with whom he came in frequent contact. He was the fifth in a family of eight children. He had always, until his illness, been a most obedient and amiable boy, considerate of every one, helping cheerfully with the work at home and never complaining or shirking. His mood was invariably one of jovial good-nature. He was not domineering with his younger brothers and sister, and never teased them except in a good-natured way. With his older brothers and sisters, he was a favorite. His companions teased him about his bowlegs, but they were fond of him, and he was never angered by their chaffing.

His teachers reported that he was a very likable boy, rather mischievous, but never causing other than mild disturbance. He usually came to school on time. He showed good application and as a rule did good work. Because of language difficulty he repeated several grades, but made good progress, considering his handicap. At the time of his illness in 1918, he was in the eighth grade at fifteen years.

For a year previous to his illness, he worked after school in a glove factory for $8 a week. He was prompt, steady, persistent, liked by those with whom he worked, and received good recommendations from his employer.

Since his illness he has shown none of his former traits or reactions, except in his continued interest in natural history, which has been an absorbing interest since he was a very young child in Russia, when he began collecting shells and rocks and insects at two and a half years.

As a sequela of the disease, there are numerous physical defects which give him a repulsive appearance. The strabismus, facial paresis, apathetic expression, relaxed jaw, slight drooling, slurring speech, muscular rigidity, and tremors are inevitably conducive to repugnance toward him on the part of his family and others who come in contact with him, and this reaction, in turn, has the effect of making his behavior disorder the more pronounced. He became, immediately after his illness, insolent toward his parents and very peevish and quarrelsome with his brothers and sisters. The father was very harsh and severe with him, and the boy usually obeyed him out of fear. The mother's requests and pleadings he disregarded utterly. He refused to work, insisting that he was not able, and expected to be let alone because he was ill. He stayed up until all hours of the night and slept late the next day. The more disgusted and exasperated the family became, the more he seemed to try to irritate them in every way he could. Frequently he would burst into tears either from rage or disappointment or for no apparent reason. The slightest teasing would irritate him to the point of violence, and his resentment of criticism was extreme. On one occasion, when accused by an older brother of having defaced one of his books, the patient seized a flatiron on the stove and struck his brother on the head with it, fracturing the skull. Since that time the antagonism between them has been extreme.

In the present neighborhood, where the patient was not known before his illness, he is teased and made fun of, but with boys who knew him before, he still has friendly relations, although unable to join in their sports because of slowness and poor muscular coördination.

In January, 1919, he returned to school. He was seldom tardy and seemed to apply himself when he could keep awake or was not bothered too greatly by the pain in his left arm and hand. His work was not satisfactory, but he was allowed to graduate.

During the summer that followed, he spent several weeks at a camp, where he improved considerably. He became less drowsy, and regular habits were formed, which he discontinued, however, as soon as he came home. In the fall he worked for four months in a lumber yard. He was prompt and worked steadily for a month or so, but with his slow movements could not accomplish much. Finally he could not resist the drowsiness and was found asleep almost every day. At the end of four months he was discharged and had no work until the following summer, when he worked for three days picking cherries, quitting the job because his employer would not let him sleep whenever he wanted to. He was sent to the county infirmary, but left after three days because he could not stand the "sick old men" there.

The home situation, at the time the patient was referred to the institute, was acute. The whole family was so disgusted with him that they could not tolerate his presence at meals, or, in fact, in their midst at any time. He was not allowed to accompany them on outings or even to the movies. He was given almost no spending money. One sister, who worked, had left home because of him and consequently could contribute nothing to the family income. The family was in real financial distress, as the eldest son had developed a chronic illness in the West, and the mother was finding it exceedingly difficult to meet his hospital expenses. The patient's inability to earn money and refusal to help in any way had become more than ever a source of irritation. The mother alone tried to be patient and kind to the boy, but found it hard to overcome her repugnance to him and was "ready to give up", as she was exhausted from the constant wrangling and worry. Until the patient had destroyed their happy family life, the mother had felt an immense pride in her handsome, healthy children, but had become too depressed to care about any one except her absent son, who was ill.

The only social treatment attempted was the removal of the patient from the home and an attempt to make the family understand the difficulty and meet it more successfully. Emphasis on the necessity for routine hygiene for the patient resulted in some effort in this direction on the part of the mother, and the patient was persuaded to regard her efforts as kindness and not coercion. His sleep habits improved and for short periods he would be less irritable. The brothers and sisters spasmodically overlooked his shortcomings, but on the whole the situation was little changed. During a period of four or five weeks, while the social worker was trying to find a farm where he could be placed, there were daily, frequently hourly telephone calls and occasionally personal calls from him to find out whether a farm had been found. When finally he was placed in the country, he was returned after a week, because he objected to doing anything but hoe corn and there was no corn to hoe. Also, the farmer's wife suspected that he had rummaged in her pocketbook and desk. After he returned to the city, he was again placed in the county infirmary, where he remained for three days only. The present plan is to have him work in the Jewish Social Service Bureau's workshop for handicapped men. It is possible that under the supervision of some one who understands his difficulties he may adjust for a time.

CASE IX

F. K., a boy of Polish parentage, sixteen years and nine months of age, referred January, 1923, by the juvenile court.

Irritability, violent temper, physical disability, and sex delinquency were the reasons for referring this boy.

A history was obtained of influenza late in 1918, followed by a long period of insomnia. Six months after the influenza, in August, 1919, he developed pain and swelling in his left side. A physician made a diagnosis of Bright's disease. He was in bed for three weeks and under the doctor's care for five months, during which time he became "nervous" and irritable, his gait became unsteady, and there was rigidity and poor coördination of muscles. Another doctor made a diagnosis of "paralysis agitans and inflammation of the brain".

The physical examination showed "a post-encephalitic Parkinsonian syndrome"; the posture was stooped; the hands were immobile at the sides; the gait was slow, with the left foot dragging; there was marked propulsion and retropulsion, tremor of the head, and paresis of the right external rectus; the pupils were irregular, and reaction was sluggish; there was slight facial paresis; reflexes were exaggerated; there was tremor of the tongue and of the extremities, and muscular rigidity.

The psychiatrist found the boy mentally alert, excitable, and irritable. He became very angry at the slightest provocation. He admitted being irritable at home, but stated that he could not help it. He denied sex delinquency.

The psychological examination showed a mental age of twelve years and ten months; the intelligence quotient was 80.

The social investigation revealed that, previous to the illness, the patient was "troublesome, like any boy", but was not considered abnormal in any way. In such matters as coming to meals on time, getting up and going to bed, and doing chores, he was always obedient. He was not "finicky" about his food, he made no unreasonable demands, and he was not "lazy". There were occasionally outbursts of temper, when he was especially opposed to doing what he was told to do, and he was apt to cry when disappointed, but it was not difficult for him to adapt himself to others. His friends liked him. He was not considered bright in school, but there were never complaints about his conduct.

After his illness he became extremely irritable. He was handicapped by muscular incoördination and rigidity and drowsiness, and refused to do all the things that he had done willingly before. The father tried to force him and whipped him unmercifully, according to the boy's statements to his teacher, but when the father was brought into court on this charge, he was shielded by the boy. With his sisters he was impatient and very exacting, demanding their attention incessantly and thinking up things for them to do for him.

He made one attempt to work, but after three weeks gave up. His left arm was almost powerless. In the fall of 1920, he returned to school. He entered the eighth grade, but was not equal to any of the studies except history. There were numerous periods in which his color would turn grey, his eyelids would droop, and his body relax and sink. For several minutes he would sit like this, apparently asleep, but really conscious. If recitations in history were going on, and some one made a mistake, he would correct the person later on, when his stupor had passed. His work was done very slowly and never finished. At first the other children made fun of his "old man" appearance, which irritated him greatly, but after the teacher explained to the children that he was ill and must not be teased, there was no further trouble of this kind. He left school in March, 1921, as he was able to accomplish nothing.

During the summer of 1921, he was in a hospital for three months. He was very peevish and exacting, and was not considered to be properly a case for a general hospital, but rather one for a state hospital. After leaving the hospital, he became sexually aggressive and repeatedly asked his sisters to have intercourse with him. His former teachers were annoyed at school by frequent visits from him, and were disgusted at his fawning manner and his attempts to hold their hands.

In accordance with the recommendation from the hospital, the patient was placed in a hospital for mental patients, where he remained for eight months. While there, he became much more rigid and thin. Finally, becoming despondent, he tried to commit suicide by jumping into a river, but was rescued. He was afterwards discharged with the recommendation that he be placed in the state colony for the feebleminded. This could not be done, as his mental rating was not low enough for him to be committed. At home he continued to be despondent, and again attempted to end his life by drinking iodine. After this attempt was frustrated, he began to take more interest in things and to plan for the time when he would be well again, and could study to become an electrician. His physical condition was such that he could do little but sit and read and sleep, or nag and swear at his sisters. He could not sleep at night and demanded attention at night as well as during the day. The father gave up punishing him, but ordered him to stay in his room where he could not be seen. The eldest sister, who kept house for the family, was nervously shattered by the patient's trying behavior and the father's violent reaction to it.

Clearly this patient was urgently an institutional case, since he was almost completely incapacitated, and his presence at home was destroying the family's home life as well as the health of one of its members. Since state institutions and private hospitals did not consider him their charge, the psychiatrist at the institute recommended that he be placed in the county almshouse infirmary. After three months the court social worker had not accomplished this. Recently it was learned that a private sanitarium had been found for the boy.

CASE X

L. B., an eight-year-old boy, of Dutch parentage, referred October, 1922, by a children's hospital.

This boy was referred because of truancy, lying, stealing, and other behavior difficulties.

The medical history showed that the patient had diphtheria in February, 1922. After two weeks of convalescence, during which time he slept most of the time, he returned to school. The teacher complained that he slept all day. He was admitted to a children's hospital and slept for two weeks. The hospital record showed that he had weakness, malaise, sleepiness, a temperature of 99, and frequent urination. The diagnosis was post-diphtheritic nephritis. It was after this illness that changes in personality were noted.

Examination at the institute showed physical findings of post-encephalitic disorder. There was a left convergent strabismus; the left pupil was irregular, larger than the right, and reacted sluggishly to light. The Wassermann test was negative.

The psychiatrist found him very coöperative, attentive, alert, and interested. He admitted freely his delinquencies and sex experiences with his ten-year-old sister and other little girls. He was very proud of these experiences. He had a moderate flight of ideas. He moved about constantly and talked continually. He quickly changed from one subject to another, usually coming back to sex matters.

By psychometric tests, his mental age was seven years and eleven months, the intelligence quotient 93. There were no irregularities. Reëxamination in March, 1923, showed a mental age of nine years and four months, the intelligence quotient was 104. The coöperation was very good. The restlessness and irritability were less marked.

The boy's mother described him as "her best child" before his illness. He was very affectionate with her and usually obedient. Occasionally he lost his temper or quarreled with the other children, but as a rule he was even-tempered and got on well with every one. In a former neighborhood, he was considered a "very good child". He had been taught by an older boy to steal little things in shops, when four years old, while his mother was in a hospital for several weeks, but did not continue this practice after his mother discovered it on her return and dissuaded him from it. He was not as quick at learning as his younger brother, and it had been observed by his teacher and his parents that he was inclined to be "dreamy", but he had done well in kindergarten and the first grade, and in the second grade until after his illness. He was not enuretic, and to his mother's knowledge had never masturbated.

Immediately after his illness he became irritable and quick-tempered, very forgetful, and untruthful. He would come home late from school, often without his cap or books, which he had either forgotten and left at school or had lost on the way home. His clothes would be torn and soiled. If sent to the store, he either lost the money or forgot what he was sent for or spent the money for his own purposes. He was careless, irresponsible, and indifferent to every one, even his mother. His insolence was very distressing to her. He began to masturbate. Enuresis, and frequently fecal incontinence, occurred daily and nightly. At some time during the summer following his illness, he was taught sex practices by his older sister, who had been instructed by a child in the neighborhood. From this time forth he was persistently aggressive sexually, except with older boys. With them he took the passive rôle.

When he returned to school in the fall, he was entered again in the second grade. He was very inattentive, highly distractible, and more restless than he had been in the spring. He began to steal from the other children. His teacher punished him often for his poor application and because he disturbed the other children. His younger brother, who was in the same grade, persuaded him to be truant to avoid the teacher's wrath. This called forth such severe punishment that the child, dreading to face his teacher, continued to be truant most of the time. He was fairly successful in keeping his parents from knowing of his delinquency, but occasionally the teacher reported to the parents, which resulted in much exhortation and more severe whippings for the child. He began to stay away from home overnight. In all his truancies his younger brother accompanied him. It was at this time that the mother discovered that the children were practising mutual masturbation. In her distress she appealed to the social-work department in a children's hospital, and the patient was referred to the institute for examination.

The case was referred to the social-work department with the recommendation that the boy should return for psychotherapy and that the parents should be educated to understand the nature of his illness and how to handle the problem. Since the parents were highly excitable and very emotional in their reaction to the boy's behavior, the psychiatrist advised that he be removed from home and placed, if possible, in an environment where he would have the maximum amount of rest and freedom from excitement, a strict hygienic routine, and no severe punishment. This step was further recommended with the idea of breaking up the sexual practices of the patient and his younger brother.

There were in the home six children, ranging from eight months to ten years of age, to be cared for on a barely living wage. A suitable place for the child could not be found. As a poor alternative, it was decided to place him in a boarding school, but the cost was prohibitive. In the end both boys were transferred from parochial to public school, to give them a new start with teachers who were not prejudiced against them. They were delighted with the new school, and no further truancies occurred during a period of four months for the patient and six months for his brother. The patient's teacher showed remarkable patience and succeeded in getting him to apply himself to the extent that he was promoted to high second grade at the end of the semester. His behavior, however, was extremely annoying. He seemed unaware of rules and in a mild way was a constant disturber. The teacher explained to the children that he had been ill and on this basis could overlook much of his misconduct and expect them not to follow his example. On the playground, however, he was teased and harassed. He stole persistently from the other children, and always lied about his thefts until they were proven. His explanation to the social worker was that the "kids got him crazy" and he felt as though "his head were going up into the air". He did not want to steal, but could not help it, nor did he plan to disobey or annoy his teacher, but felt at times that he must run fast, though he did not know why.

His teacher showed remarkable patience, but as he was increasingly an object of teasing, his emotional upsets became more marked, and her exasperation increased. He began to be truant and as a crowning misdeed, he tampered with the fire extinguisher, for which he was expelled from school.

For a time the situation at home was much improved. The parents to some extent were able to regard the behavior as disease symptoms, and he was rarely punished. Under the direction of the recreation worker at the institute, the children were taught to play together at home, and other forms of recreation were supplied. The father was encouraged to play with the children and to observe them in order to direct them intelligently. Much progress was made along these lines. The children's sleeping arrangements and eating habits were changed, with good results. Both boys ceased having enuresis at night. Their sex activities were mostly discontinued at home, though the patient continued to have sexual relations with older boys in the neighborhood occasionally.

The patient once attempted sex relations with his four-year-old sister. He could not safely be left alone with the other children. On one occasion he jabbed the ice pick at his brother's head, not in anger, but on the impulse of the moment. No serious injury was done, fortunately. The mother was in poor health from a severe pelvic disorder and was unequal to the added burdens which the patient's presence in the home created. Just before the boy was expelled from school, she underwent an operation, from which after three months she had not recovered, because of the severe nervous strain she had been under for so long and the acute situation she found at home on her return from the hospital. The father's overstrung nerves found relief, seemingly, in whipping the patient, who was again staying out all night or being picked up by the police at all hours of the night. The other children, terrified by the violence of their usually kind father and irritated themselves by the patient, were showing evidence of very considerable emotional disturbance. It was necessary that the child be removed from the home at once and he was placed in the parental school as an emergency measure. There his behavior continued to be annoying. His teacher felt sure that he was "subnormal" and did not belong there. He was demoted to first grade. His house mother, without understanding why he behaves as he does, feels sorry for him and is trying to help him, but not, regrettably, in a way that will be apt to help. He is not stealing or running away, but otherwise is unchanged. Daily enuresis began after his coming to this school, and has persisted up to the present, most unfortunately for him, as it has turned the other boys, as well as his teacher, against him. With his matron he is effusively demonstrative, but she feels that he has no real affection for her or for anyone. He is unimpressed by anything that is said to him.

Because of his shallow emotional reactions, which have a more exasperating effect on people than his flagrant misconduct, this child will probably always be unwelcome, wherever he is placed, until such time as he recovers from the somatic disease. He needs abundant rest and protection from situations that excite him. But, instead, he is being made constantly more restless by the reactions that his hyperactivity calls forth in others. Finally comes an "explosion". Then the environment must be changed. The process repeats itself. He probably causes as much or more damage than he suffers himself, but the total waste is appalling.

It is not expected at the present time that social treatment can accomplish much in the way of adjustment for the majority of these patients in their homes. The treatment in the home consists primarily in making the parents understand what the situation is, and until this is done and it is taken for granted once and for all that the attacks of breathing spells, angry tantrums, and other emotional upsets are not wilfulness or spite reactions, but are disease, all efforts at adjustment are fruitless. In the earliest of the cases referred to the social-work department, before a diagnosis of post-encephalitis was made, supervision was undertaken chiefly for the purpose of obtaining further data for the psychiatrist. The recommendations were mainly for a quiet and hygienic régime, with specific recommendations in the individual case for any medical attention indicated. Working in the dark as to the underlying cause of the child's behavior, the social worker could use only experimental therapy. The principal recommendation was carried out by the parents in one instance only (Case VI), where the patient was an only child. Similar treatment in a family where there were four other children had been carried out by the parents of another patient (Case V) over a period of one year before the patient was brought to the institute clinic, and entirely as a result of the mother's good judgment. These are exceptional cases. As a rule, by the time the patient is brought to the clinic, the family's reactions to the child's behavior have become fixed. The process of changing an attitude of mind that has been formed and maintained over a period of several years is at best a slow one. It was, of course, made somewhat easier after the symptoms of post-encephalitis were definitely recognized as such by the medical profession. The social worker's course then took direction. The parents were taught that, in reaction to the patient's emotional upsets, they must be calm; they must realize that they are witnessing a manifestation of a disease which may be temporary and which they can help by keeping hands off as much as possible. That parents frequently fail to achieve or consistently to maintain this attitude is not surprising, in view of the fact that family arrangements are constantly being upset, that problems for which no solution is at hand are ever present, and that the dispositions and habits of the other children in the family undergo marked changes as a result of the patient's influence.

Parents are relieved in a measure by the knowledge that the patient's trouble is disease and that they are not morally obliged to administer what they consider proper punishment for all his offenses. If they can further be impressed with their positive obligation not to punish the child to relieve their own nervous tension, it is so much the better for the child. At the same time it must be taken into consideration that unrelieved nervous tension constitutes a psychiatric problem in itself, which can be solved only by treating it as such. Undoubtedly, punishment has no effect other than to increase the patient's excitability and make him more of a problem. On the other hand, it is well to insist upon a fairly strict régime, since too much laxity leads the patient to make "invalid" demands and evasions, which are unwholesome for him and, from the standpoint of mental hygiene, have a bad effect on the other children. It has been found that by kindly urging and by supplying a strong incentive for doing a thing, better results are obtained than in any other way. The difficulty in this connection is that mothers rarely and teachers never are able to give to the patient the amount of time that he requires.

It is because the patient lacks both the amount and kind of attention that he needs, as well as because of positive aggravating attentions, that his behavior grows steadily worse, unless the situation is relieved by treatment. Deterioration in social adjustment does not necessarily mean deterioration in physical condition or in intelligence. The cause is usually found in environmental influences and conditions, which in cases of this kind must be reconstructed, instead of the attempt being made to adjust the patient to them at once. The process of fitting such a patient to his environment is an exhausting one, and actually the adjustment made is only relatively an adjustment, and at best a temporary one. In two of three instances of recovery, the environment has largely been adapted to the patient. The problem is not similar to that noted in the insanities, since these patients do not deteriorate mentally and there is no problem of indefinitely shifting the environment. The changes in environment in our cases are made for the purpose of finding a level, or because of the variable influences in the environment.

Social treatment, then, consists in educational work with parents, teachers, and other adult persons involved; in establishing for the patient a regimen of life that will aid in his convalescence; and in protecting the mental health of other members of the family by resolving the conflicts that are almost sure to arise. Briefly, the problem is to protect the patient from his environment and the environment from the patient. Ideally, of course, the solution would be for all such patients to be sent to an institution especially for them, to remain there until a cure or a permanent arrest of the difficulty occurred. But so far that is not possible, and in most cases treatment will have to continue to be carried on in the home.

BIBLIOGRAPHY

I. Sources

Case Records of the Institute for Juvenile Research.

II. References

Barker, Lewellys F. ''Sequelæ of Epidemic Encephalitis.'' *New York State Journal of Medicine,* Vol. 22, pp. 251-56, June, 1922.

Bassoe, Pater. ''Sequelæ of Epidemic Encephalitis.'' *Wisconsin Medical Journal,* Vol. 20, pp. 263-68, November, 1921.

Bassoe, Peter, and George B. Hassin. ''A Contribution to the Histopathology of Epidemic ('Lethargic') Encephalitis.'' *Archives of Neurology and Psychiatry,* Vol. 2, pp. 24-40, July, 1919.

Beverley, Bert I., and Mandel Sherman. ''The Factor of Deterioration in Children Showing Behavior Disorders Following Epidemic Encephalitis.'' *Archives of Neurology and Psychiatry,* Vol. 10, pp. 329-43, September, 1923.

Buzzard, E. Farquhar. ''Lethargic Encephalitis.'' *The Lancet,* Vol. 195, pp. 835-38, December 21, 1918.

Buzzard, E. Farquhar, and J. G. Greenfield. ''Lethargic Encephalitis; Its Sequelæ and Morbid Anatomy.'' *Brain,* Vol. 42, pp. 305-38, January, 1920.

Cruchet, R. ''Progress and Sequelæ of Encephalitis.'' *Bulletin Société Médicale des Hopital de Paris,* Vol. 45, p. 344, March 17, 1921.

Ebaugh, F. G. ''Neuropsychiatric Sequelæ of Acute Epidemic Encephalitis in Children.'' *American Journal of Diseases of Children,* Vol. 25, pp. 89-97, February, 1923. Also chapter on encephalitis in *Oxford Loose Leaf Medicine.*

Francioni, C. ''Changes in Character and Mind after Epidemic Encephalitis.'' *Policlinico,* Vol. 28, p. 575, April, 1921.

Grossman, Morris. ''Sequels of Acute Epidemic Encephalitis; A Study of 92 Cases from One to Three Years after Recovery.'' *Journal of the American Medical Association,* Vol. 78, pp. 959-62, April 1, 1922.

Happ, William M., and Kenneth D. Blackfan. ''Insomnia Following Acute Epidemic (Lethargic) Encephalitis in Children.'' *Journal of the American Medical Association,* Vol. 75, pp. 1337-39, November 13, 1920.

Hohman, Leslie B. ''Post-Encephalitic Behavior Disorders in Children.'' *Johns Hopkins Hospital Bulletin,* Vol. 23, pp. 372-75, October, 1922.

Leahy, Sylvester R., and I. J. Sands. ''Mental Disorders in Children Following Epidemic Encephalitis.'' *Journal of the American Medical Association,* Vol. 76, pp. 373-77, February 5, 1921.

Neal, Josephine B. ''Experience with More Than 100 Cases of Epidemic Encephalitis in Children.'' *Journal of the American Medical Association,* Vol. 77, pp. 121-25, July 9, 1921.

Paterson, D., and J. C. Spence. ''The After-Effects of Epidemic Encephalitis in Children.'' *The Lancet,* Vol. 201, pp. 491-93, September 3, 1921.

ABSTRACTS

STANDARDIZATION AND HOSPITALS. By Sullivan W. Jones. *The State Hospital Quarterly,* 9:317–25, May, 1924.

A new conception of standardization is presented in this paper by the state architect of New York. The paper was originally delivered at one of the quarterly conferences of New York state-hospital managers and superintendents, and Mr. Jones aptly chooses an analogy from the sphere of his audience to elucidate his idea; he defines standardization as the habit-forming process in industry. The adoption of a standard is like the transfer from the conscious to the unconscious of a mind-muscle response that has passed through the experimental stage and proved satisfactory or acceptable. Such a response becomes automatic, taking place without perceptible mental effort, and so it is with a standard in industry; its use becomes a matter of habit and calls for no expenditure of mental energy. Standards are like habits again in that they may be either good or bad; and like habits, they must not be allowed to become rigidly fixed and final, but must change to keep pace with growing experience and expanding knowledge.

There are two methods of selecting standards. The first is a process of simplification or elimination rather than of standardization in the true sense of the term. It consists of a more or less arbitrary choice of one among a number of types, as, for example, if from a number of designs of administration buildings, the one most frequently executed should be picked out and adopted as a standard. The objection to this method is that it is unscientific, since no real study is made to determine whether the type of building selected is the one best adapted to the purpose or function of such a building.

The second method is a purely scientific procedure. "It begins by defining function and then translates function into terms of use requirement. The standard is formulated to satisfy as nearly as possible these predetermined uses or service requirements." This is the method that Mr. Jones has in mind in proposing an attempt to standardize such hospital units as function similarly in every state hospital, wherever it may be located.

A study of the buildings of the New York state hospitals gives the impression that they were constructed either with no clear conception of purpose or with many different conceptions. This is especially the case with the service buildings—power houses, laundries, bakeries, storehouses, and nurses' and employees' homes—but it holds true also of the continued-treatment and the reception buildings. The continued-treatment buildings, to be sure, show a marked tendency toward type, indicating that they have been passing through the treatment-and-correction stage of the habit-forming process. But this stage has been unnecessarily prolonged owing to the fact that there has been no coördination of effort and interchange of experience and opinions. "Each building has found its origin in the mind of one man and around that one man's own immediate needs, which, very naturally, he has regarded as different and peculiar."

The first step in placing state-hospital construction upon a scientific basis is to come to an agreement as to what is the purpose of a state hospital and what are its functional parts or organs. "Here, I am sure", Mr. Jones tells his audience, "we shall start with disagreement, because our approaches are different. You probably will think in terms of buildings, because that has been your habit, while I, strange as it may seem, will think in terms of function and process. To me buildings are merely instruments of function, used to house the steps or stages in a process or several converging processes which can be expressed by a line or series of lines along which the material being processed flows into the finished product and out of the plant. These lines are called flow lines. We should not think very much about buildings until we have decided what it is we want the buildings to do for us. To me they seem to come last in the problem of design. It is conceivable that in the future some of our buildings will be quite different from anything that has been designed heretofore."

To explain what he means by function and process, Mr. Jones compares the state hospital to an industrial plant. The aim of both is to produce something useful from raw materials. "The raw materials in the industrial plant may be metals and wood and paint, and the products may be buckets or printing presses. The raw material passing through a hospital for the insane is defective human material. The product of the hospital is rehabilitated, useful human beings in the largest percentage possible. The processes employed in the industrial plant are those of conversion and fabrication; those in the hospital are of conversion and reclamation. The processes are all that differ. In the industrial plant they are chemical and physical and in the hospital they are medical."

This view of the mental hospital does away with all reasons for differences in layout, buildings, and equipment. "The only excuse for difference would be a difference in material, calling for variations in process."

Mr. Jones is convinced that a study such as he has outlined will settle all the major problems in the field of hospital construction. Questions as to the size of the hospital and the capacities of its various service units can be conclusively settled by the working out of standard ratios between patient beds and all the hospital functions and services that a bed with a patient in it calls for if the hospital is to produce the desired result.

As he sees it, the reception unit will be the control board for the entire hospital. "Here the raw material will be tested, classified, and routed through suitable processes. Probably there will be two major processes in every hospital, one leading to cures and the other to terminal cases. The classification must be medical. We need not concern ourselves with the problem of saving money. The saving will take care of itself as it always does in any well-balanced plant intelligently operated. The medical classification around which we develop our process must carry clear through the hospital. Such a classification will doubtless call for a reorganization of several of the services, including feeding."

Mr. Jones points out a few of the more obvious advantages of such a system of standardization:

"When a building for a certain purpose is required, we will know in advance what it is going to be, how large it ought to be, where it should go in relation to other buildings. No time need be wasted in discussing arrangements and details. Estimates of cost can be made largely without drawings.

"A whole hospital for any given number of patient beds will lay itself out automatically. The only adjustments that will have to be made are those of adapting the plan to the site. The cost of such a new hospital could be computed at a bed rate on the basis of a cost-index number without drawing a line on paper and, I think, estimated more accurately than we can now estimate from sketches.

"The cost to the Department of Architecture of preparing drawings and specifications will be reduced, certainly not less than one-third, and the time required to get out contract drawings and specifications ought to be cut in two.

"As an illustration of the economy following from such standardization, let me say that for doctors' cottages the office cost of producing drawings and specifications has been approximately two hundred and eighty dollars. With the standards now established, this cost has been reduced to something less than fifty dollars."

Naturally, if such a system were put into effect, it would mean that the decision as to what accommodations should be provided in any particular hospital building would no longer rest with the local superintendent. He would simply make his request for a certain functional unit.

To put the scheme into operation in New York State, Mr. Jones recommends that the Construction Committee of the Hospital Conference be enlarged to include five superintendents and, for the present at least, the head of the Psychiatric Institute, as most nearly representing the point of view of scientific research as opposed to practical experience in the conduct of existing hospitals. The increase in the number of superintendents he recommends with the idea of doing away with the possibility that the committee will reason from the specific to the general; while such reasoning may be sound, the premise may be wrong. The state architect or some one from his office should also be a member of the committee. This contact between those who are dealing with the medical side of the problem and those who are dealing with the physical, Mr. Jones regards as of vital importance.

MENTAL HYGIENE IN INDUSTRY. By Harry B. Elkind, M.D. *The Journal of Industrial Hygiene,* 6:113–23, July, 1924.

In the short preface to this paper, Dr. Elkind points out the identity of mental hygiene in industry and personnel administration. Both are concerned with the same thing—the adjustment of man as an employee to his industrial environment. The difference between them is merely a difference in equipment and point of view between the workers in the two fields. The mental hygienist, with his background of medicine, psychology, sociology, and economics, brings to bear upon the human problems of industry a broader and more fundamental conception of the principles that determine human behavior and a more scientific technique in applying his knowledge. The training of the personnel worker, on the other hand, has as a general rule been largely along industrial or mercantile lines. Such knowledge of human nature as he possesses is empirical and his methods of handling his problems are based upon arbitrary judgments rather than upon scientific procedure and logical reasoning. The present trend among personnel workers, however, is more and more toward the mental hygienist's position.

No definite program of personnel administration can be formulated until investigation and controlled experiment have shown just what the problems are in this field and what methods of attacking them are economically and scientifically sound. As a contribution to that end, a large mercantile establishment in Boston has organized a series of studies, one of which is reported in the present paper.

A group known as the Junior Personnel was the subject of the study. This group, which is under the supervision of a separate personnel manager, consists of about 150 employees, ranging in age from fifteen to twenty-four years. The majority of the girls are from seventeen to nineteen years old. They are employed as cashiers, messengers, stock girls, markers, receivers, stenographers, and clerks.

A group psychological test (the Otis general-intelligence examination) was given to 133 of these girls. The median score for the clerical employees was 44.5 with a semi-interquartile range of 6; for the non-clerical workers the median score was 30.9, with a semi-interquartile range of 8.2. These results indicate that there is some positive association between native intelligence and clerical ability. This is borne out by actual experience, the majority of the girls in the clerical group having been promoted and trained to clerical positions because of their satisfactory work in other capacities.

Another interesting result of the examination was the fact that while the highest marks (over 55) were secured in all cases by girls who were considered to be among the best employees, the contrary was not true; some of those who secured the lowest marks (below 20) were highly satisfactory in their positions. By the Stanford-Binet test some of these girls were high-grade morons, but the work that they were doing did not require much intelligence. The majority of them were stock girls. Only one was in the clerical group.

"It is interesting to note that a junior employee receiving the score of 9 and the Stanford-Binet intelligence quotient of 65 was considered by her immediate superiors as being very efficient. Further investigation showed that this girl, when first employed, had found it difficult to satisfy the requirements of these same superiors. The educational director, apprised of this, had fortunately recognized the fact that the girl did not possess average intelligence and had made a special effort to adjust her to her job. After a few weeks her work became very satisfactory and she is now considered one of the best of the junior employees. It is, of course, true that she possesses personality traits that make up for her lack of intelligence. She is pleasant, willing, honest, coöperative, industrious, and neat, certainly qualities necessary for efficiency and success in jobs such as that of stock girl, or, in fact, any job. This case indicates that, though there are maximum and minimum levels of intelligence for each job, personality traits other than intelligence are always of great importance and have to be considered in problems of vocational guidance and selection. It also illustrates the necessity of the recognition of the high-grade moron in adjusting the employee to the job. If it had not been for the keen insight of the educational director, who has had many years of training as a public-school teacher, this girl would have been discharged and she would have appeared on the labor-turnover ledger as unsatisfactory, or she might have left on her own account and it would have been recorded as a case of voluntarily leaving because of dissatisfaction. In this instance a little attention to detail, a little extra patience, and a deeper understanding of the human problem salvaged the girl and now she is a fit, satisfactory, and self-supporting member of her industrial unit.''

A system of ratings by floor managers and department heads, on such points as ability to learn, quantity and quality of work, industry, initiative, coöperativeness, and so forth, was installed, with the idea of correlating the results with the scores received in the psychological test. This was found to be impracticable, but experience proves that such a system is a valuable personnel instrument in that it tends to keep both employees and executives in close touch with the employment department and to emphasize the question of personality in the minds of executives. But only in very special circumstances, Dr. Elkind feels, can such ratings by executives be fairly correlated with the intelligence-test scores. ''The minimum conditions to observe are that the group studied number at least fifty or sixty employees and that they be capable of close supervision; that the number of raters be three or more and that they be in close touch with all of the group studied. . . . Under usual industrial conditions so many factors enter into ratings that they do not become reliable criteria to use. Intelligence-test scores themselves are not infallible, but if well standardized, they are fairly reliable.''

Dr. Elkind concludes as a result of his study that it is the employment department that has most need of the knowledge and the technique that mental hygiene has to offer. The problems involved in engaging or discharging individuals or in transferring them from one job to another are primarily problems of human adjustment and cannot be adequately handled without a full consideration of the physical, mental, and social factors that enter into each case. To illustrate, Dr. Elkind gives detailed accounts of two cases that were referred to him. Investigation revealed in the one case a physical cause at the bottom of the maladjustment, and in the other a mental disturbance. In each case recognition of the underlying condition was the clue to the handling of the problem.

In conclusion, to give some idea of the frequency and seriousness of functional nervous disease among working people, Dr. Elkind quotes statistics from two large industrial groups, one a department store in Boston with a preponderance of female employees, the other a public utility, 80 per cent of whose employees are men. An analysis of the cases of illness that occurred in the first group during a six-months period revealed the fact that out of 4,000 employees, 405 manifested disability from functional nervous disease, a case incidence of about 10 per cent. ''From this cause alone, 1,546 days of working time were lost by 123 individuals, making 9.2 per cent of the total time lost through illness by the employees of the store. 'Nervous System, Functional' stood fourth in the order of frequency among the complaints treated in the store health dispensary.''

In the second group, 731 cases of functional disease of the nervous system were reported in five years. A total of 6,882 working days were lost from this cause alone, and the average number of working days lost per year per case was 9.4. The total amount of benefits paid by the company for all diseases during the five years was $139,872.40, and of this $19,923.20 was paid to persons suffering from functional nervous disease—a sum much greater than the amount paid out for rheumatism, arthritis, gout, and common colds all added together. ''The average case cost for functional nervous disease was $27.20, the highest case cost among all the various diseases met with. In comparison, each case of common cold cost the company $.92.''

From these figures one can form an estimate of the extent and magnitude of the problem that functional nervous disease presents to industry.

THE CONCEPT ''NERVOUS CHILD''. By Bernard Glueck, M.D. *The American Journal of Psychiatry,* 3:515–26, January, 1924.

Dr. Glueck feels that the term ''nervous child'' has been applied too indiscriminately, with too little understanding of the facts back of the immediate situation in each case. For purposes of discussion, he divides nervous children into those who are constitutionally handicapped and those in whom neurotic reactions have been induced by experiences in their own lives. Children of the former type are from birth hypersensitive to the ordinary sensory stimuli, such as light, noise, quality of clothing, and so forth. Their food and sleep habits are poor, they are likely to suffer from digestive upsets and from twitching of the muscles, and they show unusual intensity of emotion in connection with their crying spells. Their faces often wear a look of worry and anxiety with no apparent cause. As they grow older, their hypersensitiveness is coupled with a heightened fatigability. They wake tired, are peevish and irritable during the early hours of the day, and by evening are so worn out and worked up nervously that it is hard for them to get to sleep.

The process of development, with its increasing demands, is unusually difficult for such children, partly because of their constitutional handicap and partly because of the attitudes and reactions it calls forth in those about them. For example, the nervous child's over-sensititiveness and over-awareness may be taken for signs of brightness and lead to an attempt to stimulate his intellectual development without regard to the effect upon him in other ways. Or, again, under unwise management or following the example of a neurotic parent, he may form the habit of deliberately exploiting his nervousness, to gain attention or to avoid unpleasant tasks or compeition with his fellows which he fears because of his feeling of inferiority.

Other unhealthy behavior trends, harder to eradicate because they are more obscurely conditioned and more deeply rooted, spring from experiences in the instinctive-emotional life. All the affective relationships between the child and his parents, all the danger points in the sexual organization of the individual, to which the psychoanalytic school has called attention, are especially significant in the case of the constitutionally nervous child because of his inferior capacity for adaptation. He shows this incapacity in his persistent clinging to the habits and mental attitudes of infancy. It is harder for him than for the normal child to give up such infantile sensory indulgences as thumb-sucking, nail biting, and the like, and his reaction to the problem of authority is likely to take the form of an exaggerated dependency, ''a continuous maintenance of those parent-child relationships which are normal at a certain period of life''. The opposite tendency to active rebellion, which is not uncommon in normal, healthy children, is rarely encountered in the neurotic child. As he grows older, he fails to develop the degree of thick-skinnedness that adequate adaptation to life demands. His original hypersensitiveness to sensory stimuli is apt to be replaced later on by a hypersensitive conscience that gives rise to various unhealthy mental attitudes, and he rarely reaches in adulthood the healthy self-esteem that requires no artificial props of a compensatory or substitutive nature.

But important as it is to recognize the constitutional handicap of children of the neurotic type, it is even more important to realize that there are certain experiences that may develop intense nervous reactions in the child of normal make-up. To mention a few of the more obvious instances of such induced nervousness, it frequently happens that troublesome mental imagery, usually connected with something of a sexual nature that the child has seen or read about, may give rise, even in a perfectly normal child, to feelings of guilt and fear that manifest themselves in abnormal behavior, notably a marked shrinking from fellowship with other children. It is remarkable how quickly such reactions disappear when an opportunity is provided for a thorough unburdening of the mind. The serious consequences to the child's mental health that may result from the burden of a troublesome secret is added argument in favor of the cultivation of a healthy comradeship between parents and children.

Other experiences that may bring out neurotic reactions are connected with the school life of the child. A certain measure of success in this arena in which he tests himself in comparison with his fellows is essential to his mental health, and repeated experiences of failure are apt to result in mental attitudes and types of behavior that come within the category of the pathological. He may be called upon to perform tasks that are beyond his capacity, in which case the fatigue and strain of trying to keep up combine with the sense of failure to drive him into unhealthy reactions. Or it may be that his failure is due, not to his lack of capacity, but to some lack of understanding or hampering attitude on the part of the teacher, which the child divines and bitterly resents, but is unable to modify. Again, a child of superior ability who is kept at tasks beneath his capacity may show his dissatisfaction and unrest in various forms of unhealthy behavior that are likely to lead to further maladjustments.

Other instances of induced neuroticism whose causes are more obscure and less easily set right than those that have been mentioned have their roots in early emotional experiences in the home life of the child—the necessity of sharing the parents' love and attention with a new baby, and so forth. These more subtle influences have been thoroughly discussed by the psychoanalysts, and the criticism that their formulations are based solely upon the imperfect memories of adult neurotics can be dismissed in view of the increasing evidence of their applicability to the facts of child life as obtained from the actual study of childhood.

To the question to what extent it is possible to assist children in settling their problems, Dr. Glueck answers that in order to be most effective in this respect, it is necessary to cultivate a more open-minded attitude with regard to the part played by constitutional make-up in these conditions: "Experience with better facilities for dealing with these problems at the time of their occurrence justifies fully the belief that perhaps we have overstressed the element of constitutionality in the past. At any rate, the etiologic problem in connection with the so-called nervous child partakes of most of the characteristics of similar problems in the sphere of psychopathology. Specific causation is the exception rather than the rule. Ordinarily, all kinds of issues combine to bring about the result. If this is true of the more clear-cut psychiatric entities, it must be much more so of those conditions which we group under the rather obscure designation of 'nervousness'. A too rigid adherence to notions of predetermination not only obscures the issue by lending an unwarranted gravity to what is often a fairly simple situation, but is apt to be also very crippling therapeutically.''

THE MENTAL PHASE OF PULMONARY TUBERCULOSIS. By George H. Crofton, M.D. *The Military Surgeon,* 54:708–14, June, 1924.

Recent discoveries in the field of psychoanalysis have brought about a growing recognition of the importance of the mental side of physical diseases and of the need for mental hygiene as a part of their treatment. In no disease is this need more imperative than in tuberculosis. The physical weakness resulting from the disease and the absorption of the poisons generated by it are accompanied by marked changes in the mental condition of the patient, which must be taken into account in his treatment.

As a general thing, these changes are in the nature of a reversion to childishness. The suppressions and inhibitions built up by education and other environmental influences are to a large extent broken down by the disease, and the patient shows a tendency to react in a primitive, instinctive manner, at the mercy of his impulses and emotions. He is apt to be ''abnormally sensitive and irritable, is most keenly interested in his own welfare, and will make most unreasonable demands upon his nurses and his family''.

Suggestibility is another characteristic trait of the tuberculosis patient, probably resulting partly from the abnormal weakening of his will. Another symptom very frequently present is an apparent spirit of extreme optimism which seems to blind the patient to all evidence of the progress of his disease. ''It is well to note, however, that this spirit is not the normal cheerfulness which is found in the healthy individual, but is either the elation of an intoxicated person or, in some cases, the natural result of suppressing the intense fears attendant upon the disease.''

These moods of optimism and elation are only too often followed by intense depression, in which the patient becomes the prey of a multitude of fears and worries. The most important of these fears and the one that underlies them all is a fear of the disease itself, including everything connected with it—possible disability and dependency, hospitals, death. This underlying terror is handled in various ways by various types of patients. Some exaggerate their symptoms or invent fictitious ones in the hysterical desire to attract attention and secure sympathy, which gives them a sense of security to offset the fear. This is a childish reaction and those who exhibit it are as a rule mentally unstable and call for careful handling. Their fear is close to the surface and can usually be dealt with by a simple adjustment, such as a change in environment. Another type of patient defends himself against his fear by suppressing it into the unconscious. He will conceal or minimize his symptoms and perhaps deny even to himself that he is suffering from a serious disease. Such a person will often refuse treatment on the ground that he is in no need of it.

The fear complex can take on many forms, reappearing sometimes as a dual personality, or again as an anxiety neurosis, the symptoms of which may range from tachycardia, exaggerated reflexes, and tremors to a mere aspect of anxiety and suffering.

Another border-line group of mental states is characterized by a paranoid trend, where a compensatory mechanism is set up by the fear of the disease. "A severe hemorrhage and pneumothorax are often followed by sullenness and irritability, but these conditions are temporary, as a rule, fixed delusions being rarely observed."

In the treatment of tuberculosis, the physician would do well to bear in mind the analogy between his patient and a child. Like a child, the patient needs discipline to hold him to the prescribed regimen during the long period of time required to bring about a cure. Experience has shown that treatment can be most successfully carried on in institutions especially designed and operated for that purpose. Very few homes have the facilities necessary for the care of a tuberculosis patient, and the lack of discipline and routine in most homes encourages the patient to neglect his treatment. So far as possible in dealing with a tuberculous patient, a definite plan should be established and closely followed, care being taken, however, not to let the patient feel that he is under discipline.

Physicians often make the mistake of discouraging any show of fear in their patients. No good is done by telling the tuberculous patient that his symptoms are imaginary. The wise course is to help him in every possible way to avoid the suppression of his fears and the building up of defense mechanisms. It is unconscious fear, not conscious fear, that does the real damage.

Since mental rest is as important in tuberculosis as physical rest, the physician should pay as much attention to the business, social, and domestic worries of his patient as to his physical symptoms. Here a personality that inspires trust and confidence is the physician's most important asset. Above all he should be a good listener.

In certain cases, actual psychotherapeutic treatment may be necessary. Excessive fear of hemorrhage, functional dyspepsias, inability to take certain essential articles of diet, and sometimes insomnia and cough often call for treatment by psychotherapeutic means. ''Pulmonary tuberculosis is, above all, a disease requiring individual treatment. Reëducation of the mental nature is no less important than the rebuilding of the physical body.''

All forms of excitement should be avoided, including sensational novels and competitive games such as cards or chess. The patient's relatives and friends should be repeatedly warned of this.

As soon as the patient's strength permits, the physician should try to find some suitable occupation for him. From the point of view of his future adjustment, nothing is more harmful than years of invalidism spent in an institution. But care should be taken to select employment where the hygienic conditions will favor recovery, and where the patient will not be subjected to the strain of keen competition.

The home conditions of the patient also should receive careful consideration. Relations with an unreasonable dread of infection sometimes show a patient that they consider him a menace to the household, thereby not only irritating him, but intensifying his own dread and horror of his disease. Again, a patient who is taking treatment at home often finds time hanging heavy on his hands, and unless he is carefully looked after will seek outside acquaintances and diversions that will offer him variety and excitement. At home, too, he frequently has nothing to do but think of himself and this encourages his tendency to childish reactions.

The tuberculous patient should never be allowed to become dependent or hopeless. He ''should be encouraged to become objective rather than subjective; to take an interest in people and things outside of himself, to forget himself, his disease, and his fears by engrossing himself in some absorbing, constructive work for others. Let him harness his quickened imagination in this constructive service of his fellow beings rather than allowing it to go on with the destructive work of magnifying fears. Let him feel that he has great possibilities of usefulness within his power. Osler has found that in the ranks of the tuberculous have been a large number of the world's great literary and artistic leaders and men and women of genius.''

The Mental and Nervous Side of Addiction to Narcotic Drugs. By C. C. Wholey. *The Journal of the American Medical Association,* 83:321–24, August 2, 1924.

The thesis of this paper is that drug addiction is essentially a neuropsychiatric problem. Dr. Wholey takes exception to the custom of discussing the results of morphine and other habit-forming drugs along with the results of metallic poisons, such as lead, and of the endogenous toxins of uremia, diabetes, and so forth, under the general heading "toxic psychoses". Drug addiction, in his opinion, will never be understood or successfully treated until the fundamental difference between the action of the habit-forming poisons and that of other poisons and toxic processes is appreciated. The latter produce their destructive effects primarily on the physical organism; the mental effects are secondary and tend to disappear when physiological integrity is reëstablished. The habit-forming drugs, on the other hand, produce degenerative effects primarily in the mind and character, and these effects are more or less permanent; the effects in the physical organism are largely functional and generally eradicable. Because of the peculiar mental state resulting from the use of a habit-forming poison, the victim of such a poison presents a therapeutic problem entirely different from that presented by the victim of a non-habit-forming poison.

The mental and emotional processes involved in a serious case of drug addiction are analogous to the psychological mechanism of the tobacco habit. After the first reaction of the vegetative or sympathetic nervous system against the nicotine, a pleasurable adaptation is established, involving both the sensory factors of sight, taste, and smell, and the psychic factor of relaxation, of lessened nerve tension. These various pleasurable experiences connected with the use of tobacco build up a memory-association constellation, any of whose components, alone or in combination, can arouse the desire for the smoke or chew. Failure to satisfy this desire sets up in the organism a state of discomfort or tension, which is mildly analogous to the so-called "craving" of the drug addict. The user of tobacco remembers the feeling of comfort and contentment that his cigar gave him in times of overwork or anxiety; therefore his associative memory mechanism drives him to the sedative with which he is familiar. In a minor degree, this represents the process that sends the drug addict back to the refuge of his drug.

In the tobacco habit the implication of the vegetative nervous system is relatively insignificant. The invasion of this system by a narcotic drug, however, is far-reaching and profound, and this constitutes the peculiar danger of such a drug. The nature of this danger becomes clear if one recalls that it is upon the vegetative nervous system that the organism depends for knowledge of its own bodily status and personal identity, as it depends upon the sensorimotor or voluntary nervous system for knowledge of its environment. The feeling, thinking, and conduct of the organism are determined by the information received through these two systems; if the transmitting mechanism is impaired by disease or injury, the individual's information as to environment or bodily condition will be by so much distorted, and his feeling, thinking, and action will deviate to that extent from the normal.

Of the two systems, the vegetative or sympathetic is much the more intimately connected with personality and character, controlling as it does all the automatic or involuntary processes of the body—the action of the heart, of the lungs, of the digestive apparatus, of the reproductive organs, and of the endocrine glands—which underlie the instinctive and emotional life of the individual and largely determine character and personality. It is this system that the narcotic drug particularly affects. It is not surprising, therefore, that the deadening action of the drug on the nerve mechanisms and the consequent changes in the automatic functions of the body should be accompanied by marked deviations in character. These deviations vary according to the original constitutional character make-up of the individual and the relative sensitiveness of the various parts of his vegetative apparatus to the drug. Some of them can be definitely correlated with alterations in the functions of particular vegetative activities; for example, the indifference to family ties and obligations frequently exhibited by drug addicts seems to be clearly related to physiological changes in the realm of sex.

Mentally, the drug has the general effect of lulling its victim into a sense of false security, out of keeping with the obvious facts of his existence; and as character gradually weakens for lack of the discipline of effort, ever-increasing doses of the drug become necessary to defend this artificial sense of well-being against the inroads of reality.

Such profound disturbances of the thought processes and of the processes that underlie the emotional life cannot long continue without setting up a more or less permanent psychopathological status. This status is built up out of the sensory and psychic memory associations that result from altered neuron reactions incident to the use of the drug; in other words, it represents the path of least resistance. "The memory associations have become action patterns not only determining behavior during the period of addiction, but remaining in consciousness during freedom from the drug to become dynamic in times of stress, impelling the individual back into his comfortable habit-path, long after he has been off his drug. Though organic maladjustment may be put right, the associative memory component cannot be obliterated, and in times of sufficient mental anxiety, or of fatigue or pain, these memory processes will be touched off, and will drive the addict to the one sure panacea he has known.''

''The greater number of habitués'', Dr. Wholey states, ''have drifted into narcotism because of inherent mental instability; the majority of all addicts have become victims during adolescence, before character, even in normal youth, could become stabilized. A small minority have succumbed through therapeutic necessity. The acquiring of the habit is only in rare instances a matter of individual responsibility. Such facts, viewed in connection with the deep-seated and intricate invasion of the personality by the drug, make it clear that decisions as to curability and as to treatment are for the physician. Drug addiction is at present an outstanding social problem. It is only through scientific and unprejudiced understanding of the matter that society can be protected against this insidious menace, with its increasing army of inadequates and their train of poverty and crime. Society will have to approach this problem in the end as other disease problems have been approached; we eliminate typhoid, not by putting responsibility up to the individual, but by abolishing the source of infection. Drug infection, as well, will have to be attacked at its source, whether that source lies in the greed of individuals or in that of governments.''

BOOK REVIEWS

Confession of a Psychologist. By G. Stanley Hall. New York: D. Appleton and Company, 1923. 623 p.

Confessions of a Psychologist has already been reviewed many times. Each reviewer has attacked it from the angle of his own particular interest. Sketches of the personality of the author, evaluations of his contributions to psychology, and discussions of the book from a literary standpoint have appeared since its publication. There is still much to be said. It is full of rich material. Realistic descriptions of early New England life, revelations of childhood experiences interpreted in terms of modern psychology, charming sketches of many familiar notables, student life in Germany, the inside story of Clark University—its trials and tribulations—are told in an easy, rambling style, heightened with genially humorous touches.

But to those who are interested in the progress of modern psychology, the natural question that occurs is: "Where did Professor Hall stand at the end of his full and extremely useful life? What was his evaluation of the progress of psychology and of the various new theories being advanced?" His book has definitely answered this question.

When Professor Hall began his study of psychology, it was just beginning to announce itself as a science. Wundt, Helmholtz, and others were extending their physiological experiments to include psychological problems. Hall literally grew up with the science and attempted to follow it through its many ramifications and keep up with its specializations. He says in his introduction: "When my limited capacities reached their saturation point in one domain, I turned to another, and this is so old-fashioned to-day, if not obsolete, that I have ventured in Chapter VIII to describe my mutations of this kind in some detail. One of my severest critics dubbed me 'an incorrigible *enfant terrible* in psychology'. How I wish that really were true! I would rather be a fool of the Parsifal order, stumbling along paths wiser men would fear to tread, than a partisan who could not see impartially the real good being done by all who make positive additions to our knowledge of any part of Mansoul, which has so many chambers and so many ways of entrance."

The "stumbling along" many paths was quite in line with Hall's ideal for the true psychologist. The ideal psychologist must be "born quite as much as made"; he "must have a rich and varied personal experience because sympathy and imagination, however highly developed, can never take the place of life itself. He must have both believed intensely and doubted radically. He must have felt and have occasionally fallen before temptation and thus learned the cost and power of self-control. . . . wherever human interest has been deep, long, and intense, he would not be a stranger, but more or less at home, for it is he who is called to be the humanist *par excellence* of our world. No department of knowledge is entirely alien to him and none is so comprehensive, difficult, so palpitating with pure culture interest, or so all-conditioning in its countless applications, so cryingly needed, as ours. A better knowledge of man is the greatest of all the great and many needs of the world to-day.'' In our frenzy for specialization, this goal recedes and becomes more and more remote. Schools of thought with opposite points of view expend their creative energy in criticizing one another rather than in making profound contributions to the science, or the academicians, intent upon remote problems, add little to the real understanding of human nature.

Before we are ready to study other people, we must first know ourselves. This knowledge may be approached by the introspective method or by objective tests. Hall's attempt at knowing himself by means of objective tests can best be told in his own words: ''Now I will say that I really want it''—that is, to know himself—''as every born psychologist should, and here is the proof. Some fifty years ago, as an impecunious student I paid five dollars to have my bumps charted at Fowler and Wells phrenological institute, then on lower Broadway. Mr. Sizer, who did the job, told me that he would rather feel for five minutes through a cat hole the skull of a girl he thought of marrying than court her five years. His findings were so pleasing to my *amour propre* that two or three years later I went again, even with more satisfaction, so that I had the exhilarating sense that in the interim I had 'every day and in every way' been growing wiser and abler.

''Some thirty years later I chanced to meet the great Cheiro, handsome, magnetic, and in his day the pet of the New York 'Four Hundred' . . . and I submitted my palm to him. But this time with very depressing results. He found my life line so broken that I should have been dead about that time; the line of my intellect was very faint, indicating low mentality; by my wealth line, I ought to be rich (and from his fee he probably thought me so). . . . In a word, my hand gave the flat lie to what my bumps had said, and as evolution teaches that man, who descended from tree-dwelling anthropoids, is hand-made quite as much as head-made, this was most disquieting.'' Hall also discovered that he had seven or more stigmata of degeneracy according to Lombroso; he had his finger prints taken, was Blackfordized, and was classified according to type by the MacAuliffe-Sorel group of anthropologists. When the intelligence tests became standardized, he took them all as they came along. ''In fact, my friends have spoken rather slightingly of my passion for collecting and trying out tests, of which I have some hundreds.'' He even began to psychoanalyze himself, but ''finding the task too hard, called in an expert to finish the work, with results wihch nothing would ever tempt me to tell''. His final conclusions on the subject of psychometric tests are summed up in these words: ''I would cast no discredit upon this work, much as I deplore its present monopoly of psychological endeavor, but to my mind no one has made it sufficiently clear just what even the most used of them really tests, and still less justified, for either psychology or for life, the value of the powers they activate. All of these together have done a great work in applying psychology to life and to industry, but have added scarcely a scintilla to our knowledge of the human soul. They have already done much and will still do far more in the great economic task of fitting men to their jobs, and we may hope that they will some time proceed to the yet higher task, so well begun by the experts, but so largely forgotten by the testers, of fitting the job to the man.''

Professor Hall had, however, developed his own set of ''rubrics'' for determining vocational aptitudes. Health, he places first. ''Now, my thesis is that most of the best of the world's work has been done by men and in moments of superb health.'' He grants that many great works have been accomplished by geniuses in poor health, but he adds, ''Yes, the list of invalids is long, but on the other hand the study of two hundred biographies shows that the list of the original minds who were supernormal in health is about fourteen times as large.''

The next requisite is ''second breath''; it is the tapping of our reserve energy. ''Psychoanalysis has shed much light on it and deems it mental erethism.'' ''In fact, all artists and brain workers have a mettlesome Pegasus in their stable which, if they can only break and learn to ride him safely, saves them many a weary walk.''

In the third place, one must have free mobilization up and down the ''pleasure-pain or algedonic scale''. What is really meant by this is a great power for suffering and enjoying. ''How this rutty old world needs more mobility up and down it, so that reaction from either extreme toward the other may be more assured!''

He then lists ''sympathy'', and ''love of nature'', and as his sixth point, ''sublimation''. The analogies that Hall introduces here are very picturesque. "Teeth, lips, and tongue were developed and at first used only for seizing or masticating food, and out of these functions have evolved the higher one of articulate speech." The effective man must be able to drive his original tendencies into more subtle channels. Activity versus passivity is discussed and loyalty or fidelity.

The evaluation of these traits must for the most part be subjective. No real tests have been worked out; the best we can do is to accumulate experience. There is nothing new in the list that Professor Hall has submitted; they are all among the cardinal virtues, only with somewhat more modern designations. The great difficulty still remains to find many who will agree together upon methods of determining the proper amounts any one person has of each of these traits. Professor Hall does not suggest how we may go about it, except in his description of the "ideal psychologist", who, because of his innate temperament and his wide experience, becomes a judge of men.

Hall's reaction to psychoanalysis is the one that would be logically expected from him. For years he had been interested in the emotional side of life. His weighty tomes on adolescence certainly show that he was in a receptive frame of mind. But he does not swallow it all, hook and bait. He has studied the propositions put forth by the analysts, extracting what he thinks compatible with scientific psychology and rejecting what he deems to be mere adventitious elaborations with little or no foundation. He says: "Thus the advent of Freudianism marked the greatest epoch in the history of our science. . . . If the Freudian claims of the all-dominant sex were excessive, as they certainly seemed to me to be, it was only a natural reaction to the long taboo and prudery that would not look facts in the face. . . . but there was always the most insidious danger of inferring from the morbid to the normal." He believes that the interpretation of dreams, the development of symbolism, the recognition of such motivating forces as sadism and masochism and of psychological mechanisms have given us a deeper and richer understanding of human behavior. He objects, however, to certain blanket applications of terms. He holds that the Œdipus complex is "unhappily named because Œdipus did not know his father or mother and that the phenomena it designates are somewhat less common than this theory assumes". Jung's mysticism he believes has "quite transcended the legitimate bounds of science and some of it is not only conjectural, but fantastic". He is also of the opinion that analysis is "prone to leave them [patients] unduly sexually minded". But his final tribute to Freud is given in no uncertain terms: "I have the deepest appreciation of the service Freud has rendered our specialty by doing more to popularize and give zest to it among all sorts and conditions of intellectuals than any other man in the history of the science.''

In the realm of social psychology, Hall still clings to the idea of the ''over-soul''. Just as each self or ego is made up of many diverse qualities, so the ego of the group is made up of the different independent individuals who compose it. ''Thus there is a very pregnant sense in which all great institutions, organizations, and even parties, sects, creeds, castes, localities, races, nationalities, and all countless voluntary associations have souls if not bodies, just as have also hives of bees, animal colonies, totemic clans or hordes, the family, college, home, etc.'' The group can be psychoanalyzed just as an individual can, and many of the same mechanisms are found expressing themselves in relation to the group spirit. ''Panics in communities are like phobias in the individual. Parties are like intro-psychic conflicts which may issue in schizophrenia . . . propaganda is the formation of a complex. . . . Narcissism is like the Fourth-of-July spirit of complacency with progress. . . . The statesman's dread of grappling with new and difficult problems is like the neurotic's flight from reality.'' The theory of recapitulation also holds for Hall, with its parallelism between the development of the individual and the race.

As a teacher, his aim was to incite interest and curiosity. He did not believe that the aim of education is the acquisition of knowledge nearly so much as the desire to acquire knowledge. He offered a course at Clark University in which he covered in an extensive manner an incredible amount of ground. He felt that the course had been of real value because it opened up so many fields to the student and sent so many of the students to the library. It is interesting to watch the development of this idea of education throughout the country at the present time. General-survey courses are now being offered in many colleges and universities, with the purpose in mind of giving the student a cross-section view of many fields of thought and their interrelation, and stimulating their interest along many lines. The personal guidance and interest that Professor Hall showed in his students was remarkable. He took seriously the problem of their required theses, considering the exercise one of benefit to the student and, if possible, also to science. His seminars, too, from the description of them in his book, must have been delightful and instructive.

His ideal of the function of a university is often too sadly forgotten by many presidents, in their maze of purely administrative problems.

He believes that the universities should be in the vanguard of thought about all problems. There the leaders of the world should be found. "We need great academic statesmen." "Have our educational institutions found or can they make the pioneers which the exigencies of the hour demand? This is the present form of the great problem whether or not democracy, to which the world has so rapidly and precipitately come, is, after all, the best form of government. . . . It is to solve such pressing problems of the hour, where the highest interests of mankind are involved, that universities were first created, and it is this alone that gives them their present *raison d'être*. They should feel it their supreme duty to assume such tasks and grapple with such problems, and should feel responsible for seeing to it that they are solved up to the very limit of human capacity, while even the investigator should feel that science itself is only an organ for the further development of the human race, to which even its interests must be subordinated."

In order that psychology may contribute its share to the general progress of the world, it must first throw off whatever vestiges are left of its original connection with metaphysics and become a truly experimental science. It must rid itself of needless discussions about mind-and-body relationship, must throw over the old psychophysics of Fechner, must continue to discover experimentally facts about emotion rather than argue on the basis of the old James-Lange theory, which Hall believes to be "really only a philosophical speculation and entirely beyond the present reach of methods of investigation". The old controversy between functionalists and structuralists must be abandoned, for "if evolution had ever really penetrated the minds of those working in either camp in a way to show its transforming and enlightening power, such a question could never have originated". And finally the schism between behaviorism and introspectionism must be bridged. More productive methods of teaching must be devised. "There is far too often a pedantry of method and technic with paucity of results. The field is so vast, that, having barely glimpsed it, the young psychologist, as if smitten with agoraphobia, is impelled to seek the sessile stage prematurely and dig himself into some specialty as if to protect himself on the principle of safety first in a carapace of technicalities."

Professor Hall, however, was not pessimistic about the future of psychology and its possible contribution to the world of science. Already it has made some definite strides. "The little psychology which advertisers, salesmen, social workers, some demagogues, and still fewer employers and statesmen have lately learned has made the work of all of them more efficient than before, while captains of big business and politicians generally would profit no less and probably far more by what this department could already teach them.'' ''Practical psychology which has done so much, and will do far more in grading intelligence and in fitting men to their jobs, will transcend the fields of business and school and address itself to a more comprehensive program. It will refit present institutions, social, civic, political, industrial, religious, and so forth, to the nature of man, which is at least one, and may be several hundred thousand years old, and thus relatively, not only in relation to the present industrial system, which at the most is only one-five-hundredth part as old, but to all other even far older institutions, must be regarded more like the unchangeable laws and forces of the physical universe.'' This is a long view ahead, and a large problem for any one science. It will probably not be psychology alone, but all the sciences together which, constantly substituting facts for hypotheses and proofs for conjectures, will enable us to understand ourselves and the world in which we live.

Sadie Myers Shellow.

Smith College School for Social Work.

Psychology of Early Childhood; up to the Sixth Year of Age. By William Stern. Translated from the third edition, revised and enlarged, by Anna Barwell. New York: Henry Holt and Company, 1924. 557 p.

The translation of this standard German work, originally published in 1914, makes a valuable addition to the literature on child psychology available to the English reading public. The book attempts to present the general theories of psychic life in childhood, elaborating them in terms of their practical implications in the matter of child training, and illustrating them with numerous extracts from the records of the development of the author's three children, kept by his wife, Clara Stern. The text is divided into the nine following sections: *General Considerations, The Period Before Speech, Development of Speech, Looking at Pictures, Memory, Fantasy and Play, Enjoyment and Creative Activity, Thought and Intelligence,* and a final very comprehensive section on effort, emotion, will, the various forms and direction of endeavor. A comprehensive bibliography (mostly, of course, of German works), a few illustrative tables, and the index complete the book.

Stern's main point of view throughout, as one would expect from the tenor of his other psychological writings, is that of personal psychology; that is, he considers the development of the child as a total personality or individuality. All development, he points out, proceeds on the principal of convergence; tendencies and impulses belonging to the inborn nature of the child seize hold upon the impressions and experiences presented by the outer world, and out of this union of inner and outer factors the mental life of the individual is developed. Human personality represents neither the simple unfoldings of talents and possibilities present from the first in germ in the child's nature, as the nativists would have it, nor yet the mechanical sort of growth founded upon the cumulation of experiences received from without proposed by the more objective school of psychologists, but something more complex and subtle than either. Nor is growth a matter of simple progression, divisible into stages; various powers are simultaneously and inseparably developing at different rates, now and then apparently interrupting one another, and changing constantly in their relationships, so that the growing child becomes not simply increasingly larger and more highly developed, but actually of different quality at different times. On the basis of this broad general attitude, the author proceeds to describe the various specific features of development enumerated above.

In the first section of the book the general course of child psychology up to 1914 is outlined, and the more recent ideas and methods described. The work of Madam Montessori is mentioned in particular, with the criticism that it shows a "fundamental bias of unyielding intellectuality"; she subordinates the free growth of the childish personality to a too formal and intellectualized training of the senses, and though she contributes a valuable method, she errs in overemphasis on methodology, and in neglect of many sides of child nature.

Some space is devoted to the development of mental tests and other types of measurement of the capabilities of children, the work of Külpe, Katz, Descoudres, Terman, and others being briefly summarized. The theories of Freud and the entire psychoanalytic group come up constantly for criticism and refutation. A number of incidents and anecdotes of child life which have been explained in Freudian terms are cited, and Stern takes pains to point out the possibility of accounting for these in simpler and saner fashion than by the psychoanalytic technique.

The main body of the work consists of Stern's analysis of the course of development of the child mind. He illustrates his theories profusely with incidents from the lives of his own three children, and with extracts from the Scupins' diary of their son. Occasional citations from other child biographies are found, such as those by Preyer, Major, and Shinn, but Stern relies chiefly upon his own observations. It is to be regretted that other studies of child development are not more widely used, for generalizations are at times drawn from an inadequate number of instances. On the whole, however, Stern's conclusions are eminently sane, and should afford valuable suggestions to parents and educators.

The style of the book is in the main readable, though many of the more theoretical portions are too involved and technical for readers untrained in psychology. This is unfortunate, for it will deprive the book of much of its usefulness as part of the ordinary home library on child care, a place that it deserves to hold for the sake of its many valuable practical suggestions. The translation is careful and usually clear, though occasionally a too careful literalness results in a clumsy or difficult sentence. One cannot help being annoyed by such thoughtless errors of exactitude as the rendering of German words used to illustrate the sound of particular letters into their literal English equivalents, so that we find "long" and "short" *a* incomprehensibly illustrated by means of *father* and *day*, respectively.

The translation of this work into English was a worthy task, and one that deserves the gratitude of English-speaking parents, psychologists, educators, and all other persons interested in the development of little children. No single book could possibly cover completely the development of the first six years of human life, and this one, admittedly, falls far short of doing so, but it contains a wealth of material that is useful, both in the way of theory and of practical suggestion, and the point of view is refreshingly sane and wholesome. Stern is of a strongly theoretical turn of mind, but his warm sympathy and keenness of insight keep him close to the realities of child life, and give to his work a high practical value.

JESSIE CHASE FENTON.

Tempe Normal School of Arizona.

THREE PROBLEM CHILDREN: NARRATIVES FROM THE CASE RECORDS OF A CHILD GUIDANCE CLINIC. New York: Joint Committee on Methods of Preventing Delinquency (Publication No. 2), 1924. 146 p.

In 1921 the Commonwealth Fund initiated a five-year program for the prevention of delinquency. "The purpose of this program is to demonstrate and promote the wider application of modern psychiatric science and visiting-teacher service to the study and guidance of children presenting problems of conduct and maladjustment in school and society." Division I of the program is carried on under the auspices of the New York School of Social Work, and functions as a demonstration clinic for the study and treatment of selected children referred from schools and elsewhere. The clinic, known as the Bureau of Child Guidance, was formerly under the direction of Dr. Bernard Glueck and is now conducted by Dr. Marion Kenworthy. From it come the three problem children who are the subjects of this publication and who could easily be duplicated in any large school or community center.

In introducing them, the bureau states that psychiatrists and psychiatric social workers will find nothing unique in case material, methods of treatment, or results obtained. Moreover, "it is not difficult to identify some of the methods and processes here described as well-established elements in the skill of many a good social worker, teacher, and parent". The object of the book is to present in simple narrative form some of the possibilities of service that lie in a psychiatric approach to the social science of childhood. "Emphasis is laid not upon effort to classify these problem children according to types, but upon the fact that each one exhibits a special combination of physical, mental, and social disabilities and assets, making up his or her own distinct personality problem." "The value of a diagnosis by a psychiatrist and his counsel in devising a plan of treatment is increasingly recognized by those who deal with problem children. On the other hand, many who are rendering valuable service in the field of child welfare have no opportunity to consult a psychiatrist concerning such children. To these workers especially it is hoped that this presentation of case material may be of practical service. Common pitfalls are illustrated and sound principles suggested which are applicable in many situations of daily life and work. Moreover, wider understanding of the psychiatric approach and methods may help those dealing with children to judge when it is advisable to seek skilled counsel and service in difficulties which do not yield to the most enlightened treatment they have been able to apply."

The three problem children are Mildred, Sidney, and Kenneth, each of whom was the object of intensive psychiatric social study for over a year. When referred to the bureau, Mildred was a tall girl of twelve struggling with third-grade work and expressing her discontent and feelings of inferiority in habits of brooding and seclusiveness, varied only by outbursts of tears and combativeness. She had been at a "church school" till the age of eleven, had never learned to read properly, and when she was at last cast upon the public-school system, she presented all the earmarks of impossible material. Physical examination showed her to be a congenital syphilitic. Psychological examination gave her an intelligence quotient of 97. Psychiatrically the problem seemed to be to get at the forces behind this child's strained mental attitude and to work on all their reconstructive ingredients. The father was a chronic alcoholic and ne'er-do-well; the mother and older sister kept the family from dependency. An eight-year-old sister was in Mildred's grade, and was the "white-headed boy" of the family. Years of invidious comparisons at home, of disparaging criticism and time-serving in school, coupled with seasons of luetic treatment which easily took the form of individual persecution, had woven the sensitiveness of this child into a pattern of antisocial behavior bound to constitute a serious problem. Rehabilitation involved coöperation from many sources—school, medical clinic, home, recreational center. Fifteen months after the initiation of a carefully planned campaign found Mildred in 5A, "making new friends, passing her final Scout tests", getting books from the library, and looking forward to industrial adjustments in the future. Her Wassermanns are negative. The father is still alcoholic and shiftless; the mother still works out by the day; but we have here a satisfactorily adjusted child in spite of a social and economic background that remains *in statu quo.*

Sidney at thirteen was "rather delicate-looking, small and slight for his age, yet withal a prepossessing youngster, keen-witted, alert and friendly, with self-confidence that bordered at times on arrogance". Two years before, his sixth-grade teacher had been so impressed with his unusual ability and responsiveness that she arranged for his transfer to junior high school. This advancement was followed in a year's time "by truancy, a bad slump in work, and such reckless abandonment to auto-erotic sex practices, even in the classroom, that he had to be corrected for them there. Transferred back to his former school, his conduct and attitude toward work continued unsatisfactory." It was at this point that he was referred for study to the bureau.

An early and significant discovery in the course of this study was the fact that Sidney had been brought up in a home where constant and open parental disagreement had resulted three years before in a separation of the parents. Sidney and his mother had left their home in a small country town and had come to live in the city. The mother kept a rooming house, reserving only one room for herself and her child. Homesick for his father, the country, and the former home setting, Sidney presented "the problem of an early adolescent boy of rather inferior physical equipment, but of exceptionally good intelligence, who finds himself balked in his main desire. The satisfaction of this desire under present circumstances is made impossible because of the intense conflict which the idea of a separation from his mother brings up. . . . His truancy furnishes a certain relief, especially when one keeps in mind his tendency to spend his time, while truanting, watching men do work such as his father does. The transfer to junior high with the greater demands put upon him was sufficient aggravation of an already unpleasant situation to account for his greater running away. It is not possible to estimate the true significance of his active sex preoccupation and what rôle his living conditions play in this; but one must not ignore the possible relationship between the boy's close sleeping contact with his mother and his intense masturbatory activity. . . . This must be thoroughly explained to the mother . . . and the direct irritations removed by providing for the boy a separate room to sleep in and possibility of a little greater privacy. . . . On the health side he needs better food and a more intelligent dietary régime, more regular sleeping hours, and the cultivation of an interest in healthy, outdoor activities, preferably in some such enterprises as the Scouts.'' In commenting on the boy's gradual response to the program directed towards rehabilitation, the text states: ''Apart from the modification in the home setting, in the mother's attitude, in diet, and in recreational life brought about by the bureau's intervention, all of which undoubtedly contributed largely to this boy's recovery, what the physician did for Sidney was essentially to help him objectify his problem and see its limits. . . . Definite and authoritative information regarding sex matters served to clear his mind of misconceptions on this subject, and to furnish a basis for rational control. The suggestion of the physician that the unsatisfactory situation in which the boy found himself need not be regarded as necessarily permanent probably helped to relieve the strain under which he was living, and the appreciation expressed of his mother's capable management, to reassure him as to the esteem in which she was held. At all events, it seems clear from the outcome that the youngster succeeded in adopting the philosophy recommended to him, that of accepting and making the best of things as they were—a reconciliation with reality which set his mind free to follow his own normal interests.''

Kenneth is another boy of thirteen, affable, mischievous, and abounding in energy. In seven years of school he had gotten only to 4B. His teachers felt that he could work if he would, but no form of academic inquisition had succeeded in eliciting more than a transient response. He would probably not have been referred to the bureau had he not during the previous year developed a truancy that had implicated him in the robbery of a small grocery. Kenneth, his mother, and his older brother Walter lived with the maternal grandfather. The apartment was comfortable, but the neighborhood somewhat tough. The mother had been separated from her husband for twelve years because of his alcoholism and general depravity—characteristics which he shared with his own parents and siblings. Walter "took after" the mother's kin, and was constantly held up to Kenneth as an example. Coupled with this exhortation was the mother's frequently expressed fear that Kenneth was his father's son. "He began to lie at six, and will look you square in the eye like his father and tell you things which are not true." Were the lying and other exhibitions of impulsiveness passing phases of boyish instability, or were they indicative of constitutional weakness? From a somatic standpoint the boy showed tendencies toward infantile traits—a persistent thymus, undeveloped sex organs, enuresis. He standardized at ten years according to the Binet-Simon, but showed marked ability and sustained interest in the performance of mechanical tests divorced from school subjects. Here was a boy who had reached his limit of purely academic absorption so far as his interests and ability were concerned. Yet by reason of the fact that shop work is not taught in the public schools below the sixth grade, he was condemned by an autocratic educational system to drift into delinquency because of lack of opportunity to utilize his trainable material. It is worth while to follow in detail the struggles of the bureau in attempting to adjust Kenneth by repeated changes of schools, a newspaper route, the Y. M. C. A., and other club-athletic groups. There were temporary enthusiasms, sudden relapses, copious promises, and again the truancy and lying. Adjustment was not achieved in the case of this mentally retarded boy until a school was found in which a part of his time could be spent in vocational training.

It is unfortunate that reviewing space does not permit more details of the individual therapy employed in these cases, but readers who are encouraged to go beyond this brief outline will welcome the omission of detail here in their pleasure at reading the stories in the original text. To those who look to psychiatric literature for stimulation of intellectual phantasy in vague stirrings of the subconscious mind, *Three Problem Children* will be disappointing and empty save for the opportunity it offers for disputation. In this book there are no prophecies or panaceas. Facts of inheritance, endocrinology, psychology, social and personality studies are presented clearly and simply for the reader's consideration, unaccompanied by dogmatic assertions of the propagandist. We have here children who were distressingly at variance with their environment to the point of developing serious antisocial trends of behavior. Within a year's time their behavior becomes quite acceptable to society. All that can be definitely said of the process by which this change came about is modestly stated in a few concluding paragraphs: "This story [Mildred's] carries no implication of any new, mysterious force which can transform the hard conditions of life. It does make clear that a technique is being developed which, by changing fundamental attitudes, habits, and ways of dealing with life experiences, can nullify many adverse influences in personality and environment. In this instance latent powers were developed, new courage was evoked, and a child hitherto unequal to the struggle for existence was fitted to meet hard, unchanged conditions."

"How far is this boy [Kenneth] his father's son, molded by physical inheritance to inevitable ends? We cannot say. The issue of inherited constitutional inferiority still eludes definition. All that could be done to modify modifiable conditions in the interests of this handicapped child has been done, is being done. An effort has been made to ward off the danger of a psychological inheritance by leading the mother to abandon the practice of dwelling on the father's faults and on the boy's alarming likeness to that father. How far these varied endeavors, supplementing the influence of the devoted mother herself, may succeed, is a question which time alone can answer."

To teachers, school physicians and nurses, welfare workers, parents, and any other honest seekers after better child health, *Three Problem Children* is heartily recommended.

ESTHER LORING RICHARDS.

Henry Phipps Psychiatric Dispensary, Baltimore.

MANKIND AT THE CROSSROADS. By Edward M. East. New York: Charles Scribner's Sons, 1923. 360 p.

"Man stands to-day at the parting of the ways, with the choice of controlling his own destiny or of being tossed about until the end of time by the blind forces of the environment in which he finds himself." This statement, found in the introduction, is the keynote of Professor East's book. The author believes that the earth is rapidly approaching the saturation point in terms of population, and brings to the support of his belief an imposing array of data concerning the number of human beings inhabiting the earth and various sections of it, birth rates and death rates, ability of the various sections to be self-supporting, available land area, possibilities of increased production and of tapping new resources, and the like.

"To-day we are going at full speed ahead. The human race has had a long pull of half a million years since it first rose up on its hind legs and made a bid for world supremacy; it has had a history of at least 10,000 years since it developed enough mentality to leave written records; yet in all this time its natural increase was so slow that in the year 1800 there were less than 850 million people. Since that time, a short 100 years, the population has more than doubled. Half a million years, let us say, to reach a population of 850 millions. Half a million and 100 years to reach a population of more than 1,700 millions. This is some justification for saying the present age is an age of speed.''

The author estimates a reasonable maximum for the world's future population to be 5,200 millions—a population that at the present rate of increase would be reached in about a century. But he adds, ''Naturally, the present rate of increase in the world cannot be maintained. The pressure of digging out a living where the digging is hard will cut down the birth rate and increase the death rate, even if preventive checks to population do not become more active. I am only holding a stop-watch on the pace the world is going at present. The population is rising at the most rapid rate in history. Soil fertility is being exploited with high speed and unnecessary wastefulness. Call is made for less hours of productive labor and for more of the good things of life. . . . There are the natural human desires to live an individual life of comfort and to exercise the instinct of reproduction without care or forethought: there is the immutable law of diminishing returns, which rules in agriculture more strictly than in other industries, pulling down and simplifying the standards of living, and requiring greater and greater efforts for mere existence as time goes on.''

Coming to our own country, in 1790 the population was less than four millions and in 1920, nearly 106 millions. Between 1910 and 1920 the population increased 16 per cent. At this rate population doubles in 44 years, which means that we are tending toward a population of 214,000,000 in 1964. The author agrees with Pearl in his prediction that approximately 200,000,000 people is the saturation point for this country under present standards.

Since there is a tendency for the growing population to overtake the food supply, the obvious remedy is the restriction of population. The author believes that this country should follow Holland's example and teach birth control as a matter of public policy. In this connection he says: ''Rational birth control is just as much a fundamental need of the nation as conservation of resources, equitable laws, and healthy social customs. It is even more; it is the keystone which must hold the others in place. . . . There must be a radical drop in the birth rate; but this must not be accomplished by a further drop to the zero point of the birth rate of those best endowed to build a better nation, it must be through family limitation national in scope, taught by the physician, the social worker, and the trained nurse, as a measure of public necessity, of domestic happiness, and of economic expedience.''

A few scattered statements show the author's views on some of the subjects with which mental hygiene is concerned.

''If psychoanalysis had rendered no other service, it at least served a purpose in showing how the full force of sex remains unmodified in the subconscious, no matter how changed its appearance in the conscious life.''

''It is sufficient for our purpose here to say that in the opinion of psychiatrists too stern a repression of the sex instinct is at the bottom of the great majority of the cases of neuropathology which are not hereditary.''

In commenting upon the amount of public money now spent on the indolent, pauper, criminal, and defective classes, Professor East sounds a high note when he says: ''And one is entitled to ask why this benevolence stops at just the wrong place. Why are there not schools for precocious and brilliant children? Why do the ambitious and industrious have to fight so hard for education and for health? Why are the rotten timbers of society repaired and painted, while the more solid framework is abandoned to wind and weather?''

''Our army recruits, after passing successfully on a physical basis, were tested by examinations especially designed to grade inherent ability without giving advantage to the educated man because of his education. These examinations formed the greatest psychological investigation ever conducted, and they yielded results which are extremely useful. They are not perfect by any means, but as a measure of mental capacity, they compare favorably with the average school examination designed for measuring knowledge in a given subject. It must be confessed that I for one hesitated in coming to a judgment on their validity until I had had an opportunity of examining the complete report on them published as a memoir of the National Academy of Sciences. There is in this report ample evidence to convert the sceptic to the belief that they give a picture of innate ability which is statistically valid, when averages only are considered. The various examinations checked so well among themselves, and the ratings agreed so generally with the military records, that no other conclusion is possible.

''At the same time, I would not lead the reader to believe, as various journalists have done recently, that these tests form a means of exposing individual ability so that it can be measured with an exact yardstick. The nomenclature used, the so-called mental age, is much to be deplored, since it is likely to lead the layman astray. One must realize, for example, when considering the statement that a given percentage of the people have 'mental age thirteen', what a large proportion of the capacity of any individual has already been developed by the time he or she has reached this age, and what an artificial standard it is anyway. These examinations do not go further than to show the average 'spread' of mentality, when this spread is exhibited in arbitrary man-made categories; but even with this limitation, they are of very great value.''

Again, in speaking of the results of the army examinations, where so many men were found to be mentally under ten years of age, the author remarks: ''The mental-age designation is somewhat inaccurate and meaningless, therefore one need not hold to it. The fact of more importance is that these men were so stupid that it was not even worth the while of the government to outfit them and to try to train them for military service. They could not make of them the ordinary type of common soldier, who certainly does not need to be extremely intelligent to perform his regular duties.''

One wonders why in speaking of the increase of insanity in recent years and the present number of feebleminded in institutions in this country, the author uses 1910 statistics when more recent data are available.

The central theme of the book is elaborated in Chapter IV—*The World Situation in Population, and the Food Supply.* But every chapter contains valuable information for the student of social science. The book is written in an interesting and convincing style. The author has been very painstaking in bringing quantitative proof and not rhetoric to the support of his statements. The value of the book is enhanced by a good subject index and by its footnote suggestions for further reading.

EDITH M. FURBUSH.

The National Committee for Mental Hygiene.

CRIME, ABNORMAL MINDS, AND THE LAW. By E. B. Hoag, M.D. and E. H. Williams, M.D. Indianapolis: The Bobbs-Merrill Company, 1923. 405 p.

In the preface of this book the authors state that they have not pretended to offer anything new to experts in the study of abnormal behavior, but they are convinced that many judges, lawyers, police officials, and doctors will welcome the sort of information that they give. They also have in mind the needs of social workers, teachers, and students of sociology, and last, but not least, a certain part of the general public, which is asking almost in vain for an explanation of criminal and delinquent behavior.

The book is made up of three parts and an appendix. The first part, *Crime and Criminals in General,* begins with a chapter that is historical and ethnological in nature. The second chapter, *The Defective Criminal,* correlates the statement that 2 per cent of the community is constantly criminal the world over with the estimate that 2 per cent of the general population is mentally defective. The criminal law remains unchanged, while biological, medical, and social sciences constantly advance. The case of a murder committed by an unbalanced moron illustrates the legal tangle involved in the knowledge of right and wrong, with the authors' sound conclusion that the test of moral responsibility should be passed upon by unprejudiced experts, selected to represent neither one side nor the other, but to investigate and report the facts.

The next three chapters on the psycho-social aspects of crime were written by Professor Robert H. Gault of Northwestern University, editor of the *Journal of Criminal Law and Criminology.* They contain a brief discussion of the important factors in the prevention of the development of delinquency—the home, the school, school clinics, the playground, the commitment of feebleminded persons, and sterilization. Brief mention is made of the work of the police and the problem of immigration. Institutional treatment, probation, and parole are described. Professor Gault concludes that we are more and more adjusting our methods to the characteristics of potential and developed criminals; that we are gradually getting away from the conventional idea of punishment in the old sense.

There follows six chapters on the criminal classes; the first is devoted to the feebleminded, the next three to the insane, and then there is a chapter on the psychopathic and the epileptic criminal. Regarding feeblemindedness, the authors state that its diagnosis is no easy matter. Though psychometric tests have rendered inestimable assistance, one must also consider the physical factors, and the diagnosis is, therefore, a medical problem. General information is given concerning mental tests; some important facts on heredity are stated, and emphasis is laid on the point that the kind of personality possessed by the individual is quite as important as the intelligence level. Three case histories illustrative of mental defect in relation to crime are given in detail. One of the chapters on the insane is concerned with "the misconceptions of insanity in jury trials", with an earnest attempt on the part of the authors to make clear that mental disease and pathological behavior are matters for specialists and not for juries. Cases are given showing the difficulties that arise and the absurdities that result in such trials. As types of mental disease, paranoia, dementia praecox, general paresis, manic-depressive insanity, and senile dementia are discussed.

Part II consists of one short chapter of ten pages on the drug addict. The conclusion is drawn that the number of drug takers and the amount of drug consumed to-day is as great, if not greater, than before the enactment of the Harrison Narcotic Law, that the enforcement of the law has made the addict a helpless victim of the underworld peddler, and that "we have added criminality to what was formerly simply immorality". The addict, like the psychopath, is an abnormal individual, so the authors regard the problem as a medical one, "only slightly a legal one". No information is given regarding the types of personality of the addict or the underlying factors that bring about the addiction.

Part III is entitled *Study of Cases and Treatment of Delinquent and Criminals.* The first chapter, *The Juvenile Delinquent,* gives the topics that should be investigated in a case study, contains certain statistics on mental defect obtained from various investigations which the authors have made, and cites some case records. The authors urge further provision of institutional care and the necessity of early recognition of the misfits in the school, and finally conclude that the problem of juvenile delinquency cannot be solved in the juvenile court, since its main causes go back into the home and the community.

Socialization of the Juvenile-Court Procedure, by Miriam van Waters, referee in the Juvenile Court of Los Angeles, is an interesting chapter, showing that the function of the court is not penal, but one of guardianship. Such a court must be constructive, dynamic, parental, and free of legal rigidity in dealing with the problems of plastic youth. It gains immensely in being able to obtain and use all the facts of a life history without incrimination and without placing the individual on the defensive.

There is a short chapter on the psychopathic laboratory. A new type of farm and industrial colony is next discussed, and attention is called to the need of a suitable place for the segregation of the socially unfit, psychopathic persons, and border-line cases, individuals who are not provided for in our present institutions, but who need a special environment, since they cannot adjust themselves in ordinary life. A tentative plan is outlined, with the suggestion that the inhabitants of such a colony be permitted to marry if they voluntarily submit to sterilization.

The appendix of about two hundred pages equals in volume the main part of the book. It contains an excellent article by Professor

A. M. Kidd, Department of Law, and Dr. Jau Don Ball, Special Division of Criminology, University of California, on the relation of law and medicine in mental disease. This gives an historical sketch of the development of the legal attitude, and points out the defects of the legal theory in regard to the knowledge-of-right-and-wrong test of responsibility. It includes the recommendations of the committee appointed by the American Institute of Law and Criminology to investigate this topic. The recommendations and the program suggested should do much in the way of clearing up the present chaotic situation. These authors also give the classification of mental diseases that has been adopted by the American Psychiatric Association, with case histories illustrating the principal diseases.

The following article, on types of delinquents, gives three histories from Glueck's work. Dr. Jau Don Ball presents a case report of a professional strike-breaker and gunman. Then follows the case of a modern "Bluebeard" who murdered nine wives. There is also a brief study of delinquency in the Hawaiian Islands. Finally, there is a ten-page classified bibliography.

The foregoing description of the book indicates that there is much repetition of subject matter, but this is to be expected in a work that is the compilation of six authors. The lack of coherence and conciseness is perhaps the main fault of the book, but there is unity throughout in the progressive point of view and the sound constructive attitude. The authors quote freely from Healy, Glueck, Adler, Goddard, White, and others, so that the experience of these eminent specialists, as well as that of the authors themselves, is brought together for the information of the general reader. The whole trend of the book emphasizes the importance of studying the individual criminal and indicates the gain that would come to society from such investigations and from a proper disposition of cases. It shows the antiquated attitude of the law in classifying crimes, and, according to the offense, meting out punishment that neither cures nor prevents, instead of taking into consideration the medical and social facts and applying real remedial measures based upon the needs of the individual criminal.

AUGUSTA SCOTT.

Metropolitan Life Insurance Company.

EUGENICS, GENETICS, AND THE FAMILY; EUGENICS IN RACE AND STATE (Vols. I and II of scientific papers of the Second International Congress of Eugenics). Baltimore: Williams and Wilkins Company, 1923. Vol. I, 439 p.; Vol. II, 472 p.

These two impressive volumes contain a series of papers presented at the Second International Eugenics Congress, which was held in

New York City, September, 1921. Following the three addresses of welcome, which are more or less of a popular nature, the papers have been arranged according to the subject matter with which they deal. The first part of Volume I is devoted to the general subject of genetics, and gives the results of the latest researches in this field. The second part takes up the particular subject of human genetics, including "data on differential fecundity, on inbreeding, on special strains, on particular families, on experiments in the control of human matings, on family traits in relation to social conditions". The papers in Volume II are concerned with the relation of eugenics to racial, economic, and social problems, such as immigration, the intermingling of different races, and questions of population, of marriage and parenthood, of sterilization, of disease, and of education.

From the eugenist's point of view, it would be hard to conceive of a more valuable collection of papers. It is impossible to do justice to them in the brief space of a review, each one representing as it does a fresh and stimulating contribution. The present reviewer has selected for random mention a few of those that seem to her of most interest and importance.

To Leonard Darwin, son of Charles Darwin and cousin of Galton, the father of eugenics, must be accorded first place on the program. His attitude on eugenics was most clear and reasonable: heredity is the eugenist's guiding star, and to improve the races his task. This, in Major Darwin's opinion, can best be accomplished by first teaching teachers, whose opinions to-day will influence the citizens of to-morrow. The eugenists, he was careful to explain, do not advocate the abolition of love as a guide to the choice of a mate, but seek to free it from unfavorable influences, such as the desire for wealth or the wish to rise in the social scale.

It is wrong from one point of view to limit unduly the size of the family when the parents are physically fit and in a satisfactory economic condition; from another point of view it is wrong to bring into the world children who have no prospect of being able to live a life up to a certain standard of civilization.

While advocating the free and bold discussion by eugenics societies of all proposed reforms, Major Darwin warns that the occasions for such discussion should be carefully chosen and that recommendations for action should be cautiously made, since hasty action often has disastrous results. On the other hand, eugenics societies should not be too timid in regard to legislation. The measures in which they are interested are not likely to be enacted with undue haste, since they are designed to benefit populations too far in the future to be of much concern to the vote-hunting politician of to-day.

The majority of people are not averse to segregating the feeble-minded and limiting their offspring, but there is no such unanimity of sentiment with regard to restricting the propagation of the criminal, the wastrel, and the generally unfit. Foes are encountered in any eugenic movement—ignorance, indifference, prejudice, and unwillingness to sacrifice present comfort for the future good. Progress in eugenics must come without thought of personal gain. It will make individuals healhier and happier, but this all must be brought about slowly.

Another paper on this same order is Roswell H. Johnson's *Mate Selection.* If personal ambition has no place in the eugenics program, then his paper can be accepted *in toto.* But personal experience and frank discussion with married friends leave one in doubt as to how one can adequately carry out cherished ideas in the work for which one has prepared oneself and at the same time be a good "family man" or a "model housewife". The problem simmers down to a question of energy, even if economic pressure is removed. Has one energy enough to keep up to the mark when one has two major interests? If not, does the business outside the home suffer, or does the home produce less offspring and the children receive less care from both father and mother?

If certain religious sects have kept two groups from parenthood—the priests (usually chosen from the brightest of the children) and the nuns (perhaps the most impressionable of the girls)—they have, on the other hand, certainly encouraged by their teachings the population of the earth.

Sterility, with its multiple hypothetical causes, moral, economic, physical, and purely selfish, may affect the rich, the moderately rich, and the poor alike. It is usually less prevalent among the poor, however.

If the potential parent of education and intelligence has high ideals in the matter of a mate in the heyday of youth, because of personal accomplishment or a roused sense of values, it would appear unseemly that he or she should lower those standards for purely reproductive reasons, unless the reproductive function should come to assume exceeding importance in the eyes of the individual in question. If one comes to see, from any pinnacle, that what one has done is all very well, but is not fundamental unless one perpetuates one's ideals and training in offspring, then perhaps mating on a lower social or intellectual level may compensate and not produce a restlessness that in the realm of mental hygiene would border on a neurosis. If to Johnson's dictum, "All superiors should mate", be added "with each other", much of the unhappiness of inequality would be eliminated. All in all, Johnson's paper emphasizes the problem of "ought" for all.

He warns against mate selection on the basis of beauty and vivacity alone and brings other qualities into the foreground for consideration, such as ''stability'', persistence, endurance, poise, and judgment. He humorously denies that man marries his inferior so that he may retain leadership. Instead, he says that the more capable the mate, the more stimulating—which, when boiled down, would seem to amount to the same thing on a higher level.

Dublin's *The Higher Education of Women and Race Betterment* accuses the present training of women of an alleged dysgenic tendency. First, women are isolated during four impressionable years; second, they are associated with many unmarried women, and cultural subjects are chosen and emphasized. These factors tend to turn women away from the ideal of marriage to ideals of personal ambition which are antagonistic to family and home ties.

Apparently Dublin thinks that all college women have an equal chance to marry, a belief not justified by actual conditions, and he has overlooked the practical point that every woman should somehow be equipped to earn her own living.

His proposition of coeducation for women strikes a responsive chord, but hardly for the mating reason primarily, but because it gives young women a chance to meet men in a shoulder-to-shoulder relation, free from the sentimental glamour that is born of segregation.

Theoretically, Dublin's suggestion that more married women be appointed to college faculties is a splendid idea; practically, it has difficulties. From the social point of view, a good deal is demanded of households managed by women of the teaching grade, to say nothing of constant calls upon the time and energy of a woman with young children. And by the time infant diseases are out of the way and the children are safely through adolescent difficulties, a mother is likely to be pretty well out of touch with current methods of teaching.

The other suggestion—that college curricula be more directly related to home-making through courses in biology and hygiene—has much more to commend it. It will also be a hopeful sign for the future when women begin to select domestic-science courses of themselves, without being urged or compelled thereto.

The Genetic Significance of the Alcoholic Treatment of White Rats, by E. Carleton MacDowell, gives the results of five years' study of the effect of alcohol, administered by the inhalation method, on white rats. MacDowell states that rats so treated are modified in three ways: (1) their growth rate is lowered, (2) their fecundity is reduced, and (3) their success in habit formation is retarded. The experiments seem to show that the treatment has genetic results as well. Untreated offspring of these alcoholized parents grow faster than their controls and produce from 30 to 50 per cent more litters in the same time. The litters, however, are smaller than those of the controls and the offspring are less successful in learning. The litter size is reduced 10 per cent through an indefinite number of generations, which is a more constant result than either of the others.

Henry A. Cotton, in *Inheritance in Mental Diseases,* makes a statement that appeals for its common sense: ''I believe . . . that the theory of direct inheritance in mental disorders has little to support it at present. As it does not affect the prognosis of a given case, its discussion at this time is merely academic.''

Myerson, discussing the same subject, first differentiates between insanity and mental disease, and points out the non-inheritability of most of the forms of the latter, with the exception of depressive trends and dementia praecox. ''Insanity must just happen or there would be more of it'', was the remark of a clear-headed surgeon friend.

Myerson thinks that attempts to solve the problem of inheritance should be centered upon finding out what attacks the germ plasms, while Rosanoff, in his contribution to the subject, emphasizes the number of types of mental diseases from which unstable descendants may be expected, and urges segregation rather than sterilization for certain types of mental disease and defect, ranging from mental deficiency to psychopathic personality.

Paul A. Lewis, in a paper on *The Relation of Heredity to Tuberculosis,* does not commit himself directly. Evidently he comes as near a definite statement as he can on the question of inbreeding, with experiments in which he is familiar. His answer is that inbreeding itself is not able to cause deterioration. The primary effect is fixation of character, good, bad, or indifferent. Families with an especially unfortunate combination cannot survive.

In *Inheritance in Unicellular Organisms,* H. S. Jennings points out how intricate is the regrouping in the species in which new life is brought about by the union of male and female elements, and how difficult it is to study inheritance from this sorting over and recombination of elements, while everything is reduced to the simplest terms in unicellular organisms, in which all the progeny have the same ''genes'' as the parent. A study of thousands of descendants of such an organism shows a surprising uniformity and constancy in the hereditary constitution of the race, but the variety and diversity among the individuals who possess this hereditary constitution are also surprising. If breeding be continued long enough, these individual differences become heritable. It should be remembered also, however, that many remain unchanged. It is probable that some are more sensitive to environment; hence the changes. It should also be remembered that in the case of microcellular organisms there can be no absolute assurance that we are dealing with the offspring from a single parent—there might, at any given time, have been many first dividers which had themselves been subjected to differences in environment, food, and so forth.

In more complex unicellular organisms, as in multicellular forms, environment seems to play less of a part.

H. J. Banker, in *The Ideal Family History,* states that in the broadest sense a complete family history never was and never could be written. As the best plan to use in compiling a history, he suggests the following: First, select consorts, trace their ancestry and ancestral fraternities for three generations, and work on their descendants for the same period. By this method one gets the central family stock nearly or completely surrounded by all the factors that have most vitally affected it. Too great an extension of the history is likely to result in making the work unwieldy and uninteresting, and in a loss of perspective and of unity.

After the purely genealogical chart is made, fill in the data that will give personality and significance to each individual considered. If pictures can be obtained, so much the better. Last of all, there should be an analysis of the internal reactions of the group, of the interplay of heredity and personality within it, and a projection of it ''as a vital element in its social and physical environment, as a potential factor in the historical development of the race''.

Herbert J. Spinden is able to quote exact data in his paper on formal inbreeding in human society, as his examples are taken from South America, where large percentages of the marriages have been endogamic for a long period of time. He makes no observation on the physical results of these unions, however.

W. S. Anderson, in *The Effect on the Germ Plasm of Isolation in a Mountain Section,* shows how easily a non-irritative organism can sink to shiftlessness and aimlessness in a non-stimulating region, only propagating its kind. The choreic noted in this study was not only choreic, but violent tempered, and his descendants have displayed forms of nervous and mental disorders, varying from choreiform movements at birth to manic-depressive insanity. Their in-and-in marriages, due partly to voluntary isolation and partly to the inability of the young people to find marriage partners other than their own relatives, have fixed the undesirable traits of chorea, ungovernable temper, imbecility, indolence, and antisocial disposition.

Wilhelmine E. Key strikes an optimistic note in her contribution, *Heritable Factors in Human Fitness and Their Social Control,* when she says that the foundations of civilization are in the last analysis biological—that a nation's strength lies in the inherent tendencies of its people, and that breeding from the best elements of the population will bring a growing preponderance of superior individuals.

Increasing power of self-adaptation is, in Dr. Key's opinion, the end toward which development should tend. As measures directed toward correcting the anti-eugenic influences now at work in the nation, she suggests "a return to simpler and saner standards of living such as will make possible the rearing of larger families in our 'middle classes' "; a campaign of education among all classes for the purpose of fostering a eugenic conscience; the discouragement of celibacy and sterility in persons endowed with desirable genetic potentialities; and an emphasizing of the concept of service in contrast to that of personal aggrandizement.

The Tribe of Ishmael, by A. E. Estabrook, tells of the Westward Ho of the restless from Virginia through Kentucky and Ohio and of their arrival in Indianapolis in a destitute condition. The people of Indianapolis were friendly and generous and the news of their bounty spread, so that shiftless wanderers from all over rounded up in this city to live upon its charity. The center and the worst of this tribe of paupers was the family of Ishmael, from whom the whole tribe took its name.

Pauper married pauper and the tribe rapidly increased, passing on to an ever-widening circle of descendants its heritage of wandering blood, disease, physical weakness, incapacity for hard work, and mental enfeeblement. Private and public aid encouraged these people and they rapidly reverted to the ancestral level—the felons, criminals, and prostitutes from whom they sprang, who were sent from the English prisons to Virginia after 1650.

The three outstanding features of the tribe are pauperism, licentiousness, and gypsying. They would rather beg than work. Remarriage without the formality of divorce is thought nothing of, and illegitimacy abounds. The individuals in this group are still mating with each other and reproducing their kind. Their defective germ plasm, with its heritage of antisocial traits, has spread and is continuing to spread throughout the whole Middle West. The history of the Tribe of Ishmael is like that of the Kallikaks, the Nams, and the Jukes.

S. Adolphus Knopf, in *Eugenics in Relation to the Tuberculosis Problem,* comes out flat-footed for birth control, without which he is convinced that no real progress can be made toward race betterment. The tuberculous wife should not conceive, nor should the mentally unfit, the syphilitic, or criminals. Birth control would enable a nation to produce a population not so large, but better.

If only for the economic value of a lessened death rate, should we not urge an attitude like that of England and Holland and permit the dissemination of knowledge with regard to the prevention of conception, instead of prudishly adhering to a law that works against the best interests of the race?

In his paper, *Eugenics as a Factor in the Prevention of Mental Disease,* Horatio M. Pollock suggests that much could be done to reduce the incidence of mental diseases if there were a eugenics bureau in every town that could be depended upon to look up the histories of the various families and advise applicants against the marriage of the unfit.

Rudolph M. Binder, in *Health and Eugenics,* strikes the right note—everything depends on health. It should be the first concern of every individual for himself and for his family, of every statesman for his country, and this not only for its effects upon the efficiency and longevity of the race, but as a means of lowering the crime rate. As Binder points out, no criminal can stand hard daily work and that is why he selects some less strenuous method of earning a livelihood. But the foremost of all reasons why the community should be concerned in health movements is the interest that will be aroused among normal, healthy people in eugenic marriages and the ideals of eugenists.

Redcliffe N. Salaman, in *Notes on the Jewish Problem,* presents reasons why Jews are valuable immigrants to any country. He points out that they constitute a great middle class, lacking extremes of aristocracy or criminality; that their death rate is low and their intelligence high; and that they have low ratings in alcoholism, tuberculosis, and syphilis. He admits, however, the high incidence of nervous disease among them, which may account for their temperamental traits as a race.

Maurice Fishberg, in his discussion of intermarriage between Jews and Christians, states that color and religion have been the greatest bar to intermarriage, but that since the introduction of civil marriage about one hundred years ago there has been more intermarriage between different religious faiths. The children of such marriages as a general rule adopt the more prevalent of the two religions—*i.e.*, when Catholics marry Protestants in a Protestant country, the children are likely to be Protestant, and Catholic in a Catholic country.

Between Jews and Christians another barrier, that of diet, has prevented fusion. Intermarriages are more likely to occur in a community where the Jews are few, or when they are brought into direct social contact with Christians (as in school teaching or social work), or in districts where they live side by side with Christians; Italians frequently marry immigrant Jews.

Fishberg quotes Grant Allen as saying that the descendants of mixed marriages have been among the brightest and most superior individuals—Montaigne, Edwin Booth, Metchnikoff, and so forth, in literature and science, while in commercial, industrial, and financial circles the number of superior individuals has been enormous. He also points out that where intermarriages between races have been frequent, the countries are progressive, as, for example, England, Germany, France, Italy, and the United States, while populations that have remained pure stocks, as in Asia and Africa, are in a low state of mental evolution.

In *The Problem of Negro-White Intermixtures and Intermarriage* Frederick L. Hoffman presents no brief for such intermixtures, although he points out that usually marriage takes place between mentally and physically superior black men and white women who are mentally, morally, and physically inferior and who are probably as well married to the black husband as not, except for the offspring, which are more often black than white. The women are usually foreign-born working girls who do not know of the local prejudice against mixed marriage or do not consider the probabilities of the offspring, and who do not constitute a social loss to the white race. He considers such marriage mixtures antisocial, however.

The whole congress stressed the idea that the individual conscience must be aroused to the responsibilities of eugenic parenthood—that the more enlightened, educated, and prosperous members of the community must be induced to mate and produce offspring to the limit of their resources and their health, even to the extent of making some sacrifices in their standard of living. That the various foreign countries were willing to send their best thinkers and writers on this fundamental subject across the seas to add to this congregation seemed more hopeful and inspiring than a World Court.

MYRTELE M. CANAVAN.

Massachusetts Department of Mental Diseases.

GIVING YOUR CHILD THE BEST CHANCE. By Ruth Danenhower Wilson. Chicago: A. C. McClurg and Company, 1924. 196 p.

THE SALVAGING OF AMERICAN GIRLHOOD. By Isabel Davenport, Ph.D. New York: E. P. Dutton and Company, 1924. 302 p.

Those who have been engaged in any form of mental-hygiene work with children are always appreciative of a book that presents some of the principles of child psychology in sufficiently simple terminology to clarify the problems of parents rather than to add to their confusion. Much of Mrs. Wilson's book is written in just such nontechnical language, with plenty of illustrative material. At the same time her facts are for the most part in harmony with our present knowledge of child life.

The chapter headings give some idea of the contents of the book: *The Parent's Opportunity To-day; The Emotionally Neglected Child; The Spoiled Child; The Too-Imaginative Child; The Backward Child and the Prodigy; Why Children Lie; The Savage Age from Eight to Twelve; The Know-It-All Age; The Problem of the Adolescent Girl.*

The high lights are perhaps the discussion of imaginary playmates, a theme that has too often been neglected by writers in this field, and the advice as to the establishment of habits of truthfulness. The great merit of the book lies, indeed, in the fact that not only are problems presented and analyzed, but that many suggestions as to correction are given at the same time. The attitudes that parents should assume toward various situations in order to aid in the child's adjustment are given consideration throughout the chapters, and both favorable and unfavorable reactions of parents in their efforts at child training are described.

Like other books, this one is not perfect. One might wish for the inclusion of further topics, such as stealing in children, running away, disobedience, and so forth. But in view of the limited size of her book, Mrs. Wilson has on the whole made a wise selection of subjects. The chapter on backward children and prodigies is somewhat inadequate, since no mention is made of the psychological tests now in use for the purpose of distinguishing between the definitely defective child and the one who merely appears dull while in reality of good intelligence. Occasionally the author makes a statement without quoting the original study from which the conclusion was drawn, but on the whole references are quite consistently quoted. In comparison with the usefulness of such a book in helping parents to understand better the mental-hygiene principles of child training, such defects assume a minor position.

Dr. Davenport's book considers more in detail one of the topics touched upon in Mrs. Wilson's—the sex problems of the adolescent girl. The forerunner of the present volume, a monograph entitled "*Adolescent Interests; A Study of the Sexual Interests and Knowledge of Young Women*", was commented upon by the present reviewer in a recent issue of MENTAL HYGIENE.[1] In this more elaborate presentation, the first 192 pages are devoted to a statistical analysis of over 900 questions concerning sex matters asked by 160 young women students in a teachers' training course. The circumstances out of which these questions arose, the way in which they were collected, and the methods used in analyzing the material (as well as the methods tried and discarded) are given in a detail that might become rather tedious except to those readers specifically interested in experimental procedure. Only the last three chapters are devoted to the outlining of a "new sex psychology" and a program for sane instruction in this field. Yet the author rhetorically addresses herself to the "Womanhood of America" rather than to a scientific audience.

---

[1] Vol. 8, pp. 852-53, July, 1924.

Taking the actual questions asked by young women as an indication of the subjects on which they need and desire enlightenment, Dr. Davenport finds that they want information concerning venereal diseases, sexual intercourse, birth control, flirting, sex feelings and sex attraction, the anatomy and physiology of the male reproductive organs, and many other matters. The extent of their ignorance on such subjects is indicated by the misspelling of many terms and by the large number of superstitious beliefs indicated by such questions as these: "When a boy has pimples on his face, is it a sign that he has had sex intercourse or that he has not?" "Can a woman get *siflus* from a man as well as a man from a woman?" "Is there really anything about marriage to make us feel so afraid?"

Building on her knowledge of young women, Dr. Davenport makes her suggestions as to their education. Her plan is straightforward and sensible, based upon the frank teaching of the anatomy, physiology, and hygiene of the reproductive system just as these are now taught in relation to the respiratory or digestive systems. There is no more reason for calling the sex organs by peculiar names than for using baby talk in referring to the stomach or lungs, is Dr. Davenport's statement. Nor does she neglect the social implications of her problem, which she would solve by building up in all young women the desire for marriage and motherhood.

So far, Dr. Davenport's book is undoubtedly good, and however many criticisms may be made otherwise, her analytical and statistical material will be of interest to psychologists and sociologists who have any contact with clinical work or with the education of girls, and obviously to educators in general. Those who share the present reviewer's experience as to the helpfulness of a modicum of psychoanalytic procedure in dealing with the sex problems of children and adolescents will hardly sympathize with Dr. Davenport's contempt for this method of study, or agree with her implication that it applies only to pathological extremes. No one would have championed more ardently Dr. Davenport's desire to build up in the girl's mind ideals and ambitions for wifehood and motherhood than G. Stanley Hall, yet her attack upon that idealistic pedagogue seems somewhat bitter. It may be that experts in the field of education would not wholly approve of Dr. Davenport's own plea for the same curriculum for both sexes, nor does her surcharge of emotion in discussing this subject seem necessary, since after all educational opportunities equal to those of boys are not much denied to girls to-day. Moreover, one is inclined to wonder whether the optimistic decision that competition between the sexes would be eliminated by her program would be confirmed by actual practice.

One criticism of Dr. Davenport's book would be just, whatever the prejudices of the reader. Although it does not invalidate the scientific value of her research, her style of presentation seems somewhat unfortunate because of its hybrid nature. Her frequent changes from a semi-popular presentation to statistical tabulations and analyses are rather disconcerting and give somewhat the effect of a dual personality.

PHYLLIS BLANCHARD.

The National Committee for Mental Hygiene,
Child Guidance Clinic No. 1.

ABERRATIONS OF THE MIND. By James Clark McKerrow, M. B. New York: Longmans, Green, and Company, 1923. 107 p.

Rarely indeed can the complaint of brevity be lodged against any publication in these days of linotype, but such a comment is justifiable in the case of this compact, sprightly, modest-appearing little volume from the pen of Dr. McKerrow. Writing with a background of evidently thorough medical training and psychological insight, Dr. McKerrow's opening sentences reflect the elastic point of view maintained throughout his writing: "Nothing in Nature is contrary to the 'Laws of Nature'. Occurrences we call abnormal are abnormal only in reference to some arbitrarily chosen standard of normality. And this is as true of animate as of inanimate Nature. Aberrations of Life do not discredit the Laws of Life, any more than those of the planets the Laws of Motion." His thesis deftly touches the problems of physiological and psychological abnormality from the aspect of viable equilibrium, with its ever-varying standards. The organism of plant or animal life unadapted to the changing environmental conditions of viable equilibrium fails to survive. Thus degeneracy and evolution become convertible terms and conditions of decay or regeneration appear so only according to the viewpoint of the person observing them.

Likewise, all existent psychological standards are to be evaluated in terms of the subject, but variation from any degree of absolutism, both physically and psychologically, increases as we progress upward in the scale of life, reaching its acme in man. However, "the qualitative change in subject-object relation is always reducible in theory to a qualitative change in the Organism-Environment relation". "Organisms are not Persons, attending to what they are interested in—they are bundles of appropriate tendencies in respect of changes."

It is not the novelty of his theories of viable equilibrium and of organism-environment variation, but McKerrow's consummate dexterity in handling his theme as he rapidly passes to the examination of normal and pathological mental phenomena—imagination, delusion, mania-melancholia, abnormalities of personality—that stimulates and fascinates the reader. Importuning the latter to keep his theory in mind and not to be tempted to "worry us with talk about arguing or defining in circles", McKerrow states that delusion cannot be regarded as "an abnormality of the judging faculty when considered in relation to all its conditions", and can be so interpreted only if we regard "Thinking-Consciousness" in a very restricted sense. There is no essential difference between judgment and imagination. Judgment deals with what is presented to sense, imagination with what is not. But the "Judging-Subject and the Imagining-Subject are one".

When the unviability of a primary tendency is not immediately apparent, but the suffering that results from indulgence in it is deferred, there arises the occasion of heroic conflicts. The cognizance of this fact leads McKerrow to apply the standards of viability to the psychoanalytic theory, and he remarks that "the theory of Censorship seems to be that the primary tendency presents an idea which is secondarily unviable and therefore does not rise in Consciousness". He would take issue with the psychoanalysts in asserting that normally there is no psychic censorship and that repression is not a normal mechanism. Of course censorship is a secondary, acquired, developmental attribute of the mind and the function of repression is to prevent disagreeable, "unviable" tendencies from disturbing conceptions of morality and ethical behavior which we have adopted. Certainly we cannot agree with the assertion that "tendencies eradicated by education no longer operate". "Use" and education may be second nature, but they certainly fail to obliterate first nature, which the experience of the psychoanalyst daily demonstrates as being ready to reveal itself when education weakens or necessity impels. The trend that has been made unviable stands ever ready to live again in consciousness, as it has continued to survive in the unconscious, whenever opportunity permits.

In mania-melancholia, says the author, "all other organism-environment relations, all standards of viable equilibrium are altered.

The psychologist does well if he can state the psychical conditions of mania-melancholia, say in terms of conflict between Ego and Ego-Ideal. But this is not the last word.'' The discussion of the viability of certain tendencies such as laughter, humor, the comic and the tragic, laughter and crying, enlivened by the author's own never-failing sense of humor, is a distinct treat, reminiscent of the diverting G. B. Shaw at his best. Let me quote a few of his shrewd, perhaps facetious thrusts: ''Perhaps nothing harder has been said of the world than that a public-school education is the best possible training for it.'' ''The warner only warns others; himself he cannot warn. (This is why Bishops, Priests, and Curates are especially prayed for.)'' ''Why does the paper have an Art Critic, a Dramatic Critic, a Musical and a Literary Critic, but no Ridiculous Critic? The answer leaps to the tongue. They are all Ridiculous Critics—in both senses of the ambiguous phrase.''

It is a thoroughly substantial as well as refreshingly invigorating concoction with which the author regales us, using as a base a broad, scientific knowledge and sound, critical judgment, mellowed by a tolerant and kindly philosophy, spiced with a sly and whimsical humor, and sparkling with delicious *bon mots.* We hope his next offering will be less concentrated, that we may have the pleasure of lingering over it as a welcome refuge from ponderous, didactic psychiatric writings.

C. P. OBERNDORF.

New York City.

MENTAL DIFFERENCES IN CERTAIN IMMIGRANT GROUPS. By Kimball Young. (University of Oregon Publication, Vol. 1, No. 11.) Eugene, Oregon: University Press, 1922. 103 p.

This is the report of a careful study—based upon teachers' ratings both of intelligence and school work, parents' occupations, and army Alpha and Beta tests—of groups of school children in California. The main purpose of the study was to compare mental ability and capacity for developing citizenship in children of northern-European (''American'') stock with such ability and capacity in three groups of children of southern-European stock—Italian, Portuguese, and Spanish-Mexican. Over one thousand children were studied. The report is made on 790 cases. Four hundred and six were of northern-European stock, 316 of them living in San José. Two hundred and fifty-three were Italian. One hundred and ninety-six of these were found in San José. There were 78 Portuguese and 53 Spanish-Mexicans.

The children studied were all at least twelve years of age, but under thirteen. The selection of such an age group excluded all but a few adolescents. Because of the practical cessation of immigration in 1914, there were very few who did not have a good working knowledge of the English language. All had been in the United States three years or more.

Contrary to the prevailing opinion among teachers, the author finds that the language handicap of the southern-European child, in these samplings, is not an important factor in his school retardation. One demonstration of this consists of the relatively equal differences between the two groups, northern-European and southern-European, by the Beta and by the Alpha tests. This is true in spite of the fact that the Beta test does not adequately measure the upper range of ability of the northern-European child.

The author finds that the "true difficulty is one of mental capacity, or general intelligence, which makes the Latins unable to compete with the children of north-European ancestry in the mastery of the traditional American public-school curriculum". (Page 63.)

This finding has most intimate implications for and involvements with modification of the school curriculum. "School people and the public at large must learn to give up the idea that uniform progress through the curriculum is possible for groups of pupils of varying abilities." (Page 67.) Special classes in English are necessary for starting these southern-European pupils in our public schools. Pedagogical and psychological tests should be used for orienting the pupils in the curriculum. "The curriculum is the crux of the matter." There are profound differences in the educability of these children. The curriculum must be remade in terms of the abilities and needs of the pupils in the schools. Teaching methods will have to be altered to fit the needs of various classes.

The author goes into the subject of the ethnic origins of the southern Italians represented in these schools, of the Portuguese from the Azores and from the Hawaiian Islands, and of the Spanish-Mexicans. He then takes up the implications of his findings with children of these different stocks in regard to the process of miscegenation. These Latins of less than average ability cannot be *assimilated* with "American" stock. It is bound to be a process of *amalgamation* of the superior with the inferior races. This fact calls loudly for the control of immigration. It points to the rationality of selecting our immigrants not by virtue of their cheapness as laborers, but by virtue of their fitness to become citizens, this fitness being demonstrated by physical and mental examinations.

"There is considerable evidence that superiority of general native intelligence is measured in terms of the capacity for the 'long-shot' use of free imagery, abstract symbols, seeing of remote meanings and relations in natural and social phenomena.'' (Page 88.) In this capacity, the Latins among these school children show themselves decidedly inferior to the ''Americans''. The author assumes that this mental inferiority will be passed on from generation to generation. With this assumption, his findings emphasize the importance of adapting our public schools to the developmental needs of those Latins who are now with us, and also of so shaping our immigration laws that we shall receive better stocks in the future.

THOMAS H. HAINES.

The National Committee for Mental Hygiene.

THE EVOLUTION AND SIGNIFICANCE OF THE MODERN PUBLIC HEALTH CAMPAIGN. By C.-E. A. Winslow. New Haven: Yale University Press, 1923. 65 p.

This volume, the sixth publication by the Yale University Press on the Williams Memorial Publication Fund, presents an address recently delivered under the auspices of the Gamma Alpha Fraternity of Yale University. Like all the literature produced by Professor Winslow, it is scholarly, informative, and inspiring. The address reflects a profound knowledge of the social conditions and motives from which the modern health movement has sprung. Professor Winslow points out, as the two major tendencies responsible for the birth of the public-health movement, the development of the scientific spirit and the growth of a new motive of humanitarianism, the latter finding expression originally through such movements as those for prison reform, the control of child labor, the improvement of working conditions in general, and so forth.

Professor Winslow discusses the ''sanitary awakening'', the scientific basis for the prevention of disease, and ''the golden age of bacteriology'', and lays particular stress upon the attack on the first-line trenches of disease through the instruments of special immunization. On this point, after discussing the accomplishments and future promise of such measures as smallpox vaccination and diphtheria and typhoid immunization, he says: ''Along this general line of vaccine and serum therapy there will, I think, be won some of the most signal victories of the coming generation. We already have a serum for one form of pneumonia which is full of practical promise; and such studies as those which my colleague, Professor Blake, is now conducting on the production of immunity against measles are likely to bear rich fruits in a field where the harvest of preventive medicine has so far been a meager one.''

Coming into the field of the current public-health movement, he characterizes hygienic instruction, plus the organization of medical service for the detection and early treatment of incipient disease, as the twin motives of the modern public-health campaign. He recognizes the great progress made in the past ten or fifteen years toward the recognition of mental hygiene as a vital aspect of disease prevention and health promotion.

"As a result of less than fifteen years of activity, there has been realized a progress which is truly phenomenal in the humanizing of the institutional care of mental disease, in the organization of mental clinics and psychiatric social service, in the development of community programs for the discovery and care of mental disease and defect, and above all in the creation of a popular attitude toward mental disorders which considers them no longer as things shameful and mysterious, but as phenomena no less natural and no less controllable than disorders which affect other bodily tissues."

The early stage of the rational public-health movement was concerned primarily with organized effort through community sanitation for the control of communicable disease. While this is by no means as yet completely accomplished, Dr. Winslow emphasizes in a most timely fashion that future efforts for health will be concerned primarily with the education of the individual and with the enlistment of his coöperation for the elimination of preventable, non-communicable constitutional affections. In this field, in part at least, lies the great movement for the elimination and control of mental disease.

The trend of the address clearly reflects this transition from general sanitation to personal hygiene, which, in both its physical and mental phases, must constitute the keystone of contemporary and future efforts to establish a more satisfactory hygienic basis for community life.

D. B. ARMSTRONG.

Metropolitan Life Insurance Company.

HANDBOOK OF MENTAL NURSING. Published under the Authority of the Medico-Psychological Association of Great Britain. Seventh edition. London: Baillière, Tindall, and Cox, 1923. Chicago: Chicago Medical Book Company. 615 p.

This book was first issued in April, 1885, and is now in its seventh edition. It was first prepared by a committee of Scottish members of the Medico-Psychological Association of Great Britain, and has been edited by other committees of that organization on the occasion of each revision. Evidently the revisers have been ready to incorporate the best that could be obtained from studies of mental activity, normal and abnormal, in the several decades during which this volume has been the official textbook of the training schools of mental hospitals of Great Britain.

The classification of mental diseases is one no longer in vogue with us. Melancholias are divided into simple, acute, and chronic; puerperal psychoses occupy a separate position; dementia praecox is described as "a form of progressive enfeeblement"—which is hard to believe. From the nursing standpoint, however, there is an excellent division of psychoses into states of depression, excitement and exaltation, delirium, confusion, stupor, delusion, mental enfeeblement, and so forth. Violence is discussed at the appropriate place after the section on excitement, so that it appears—as it is—secondary to something more fundamental. Descriptions are modern and not excessive in detail.

The qualifications given as necessary for mental nurses are discretion in maintaining confidence, proper handling of patients' letters, tact toward visitors, endurance and cheerfulness, firmness, self-control, honesty of purpose, altruism. A rather patronizing address to nurses on page 14 might be modified in another edition.

"The psychological aspect of mental symptoms" (pages 359-67) is very finely presented. The section on "instincts" follows McDougall. Under mental deficiency there is considerable discussion of definitions, diagnoses, etiology, legal problems, and considerable detail as to methods of education.

A few minor matters are of interest to the American reader. In Scotland mechanical restraint without proper authority is punishable by law. To those who are inclined to argue over terminology, it will be interesting to learn that packs must be reported as a mechanical type of restraint. Under "first aid", there is no description of the shock table, a device that saved many lives in the late war. There are many references to the popular beverage, tea. The temperature of day wards is given as 50-55 degrees, of sick rooms 58-62 degrees; central heating evidently is not in vogue. The section on "signs of death" includes the remark that flies should be kept away. "Broken staybusks" have been used for self-injury. A case-taking form is said to be commonly used by examining physicians.

This volume may not take the place in the United States of such a book as Bailey's *Nursing Mental Diseases,* but it is fundamentally sound and should be found in all nursing libraries. It could well be drawn on for instruction and recitation work.

SAMUEL W. HAMILTON.

Bloomingdale Hospital, White Plains, New York.

Manual of Psychotherapy. By H. Yellowlees, M.D. New York: The Macmillan Company, 1923. 247 p.

This book is an outgrowth of a course of lectures given at Edinburgh University to medical students. It aims to give the student and the general practitioner a working insight into this department of medicine and to enable them to appreciate more advanced teachings on psychotherapy.

Section I is devoted to the *principles* of psychotherapy. The author states that, just as in the case of the other specialties, every medical graduate should have some knowledge of its essential principles and, to a certain extent, the ability to apply them. This knowledge will give him the power to judge when a given case requires a specialist.

The author explains in simple, but quite comprehensive language the meaning of the terms "the unconscious", "repression", "mental conflict", and "symbolism". He describes also the operations of the mental mechanisms of sublimation, projection, dissociation, rationalization, displacement, and conversion, and shows how these affect our daily life. There is a brief chapter on symbols and dreams.

Section II is devoted to the methods of psychotherapy. The author discusses suggestion, including auto-suggestion, persuasion, and hypnotism. There are three chapters on the theory and practice of psychoanalysis, with sufficient detail to point out the difference between Freud's and Jung's formulations.

Section III is devoted to the *scope* of psychotherapy. The author states that thus far psychoanalysis has proven disappointing as a means of the simpler forms of psychotherapy and which should be mentia-praecox states, but it has thrown a flood of light on symptom formation, and he points out that the difference between a neurosis and a psychosis is essentially quantitative rather than qualitative. He devotes considerable space to the diagnosis and treatment of neurasthenia, hysteria, anxiety states, and obsessions, and indicates which cases may be safely handled by the general practitioner by means of the simpler form of psychotherapy and which should be referred to the psychoanalyst. The book concludes with a chapter on case reports from the author's practice, illustrating the application of the various methods of psychotherapy, from suggestion to a thoroughgoing psychoanalysis.

There are several minor errors in the book. The author's definitions—*e.g.* of inversion (page 28) and transference (page 106)—do not coincide with those given in the authorized English translation of Freud's work. The list of books that he gives for extended reading, although brief, is a good one, but the order in which the books are listed is rather helter-skelter. For the beginner it would be better if these books were set down in a more orderly fashion, beginning with the general and more elementary—*e.g.,* Hart's *Psychology of Insanity*—and gradually leading up to the more complicated and controversial, like Jung's *Analytical Psychology.* One also wishes that a chapter might have been devoted to the preventive side of psychotherapy, to mental hygiene.

On the whole, however, the author has accomplished his purpose exceedingly well. In one small and readable volume he gives the beginner a good working knowledge of every essential of modern psychotherapy, uncontaminated by philosophical or religious bias and undistorted by fanatical adherance to any one school. The book should prove helpful to the younger men in state-hospital work. Incidentally, it emphasizes the march of events in the psychiatric world in the past fifteen years. To realize what that progress has been one has but to compare this book with Münsterberg's *Psychotherapy* (1909), in which one finds statements to the effect that psychotherapy is sharply to be separated from psychiatry; that the applied psychology of the lawyer differs from that of the teacher, while the physician requires still a third form of psychology; and that psychology is a descriptive science of mental phenomena and has nothing to do with interpretation.

H. L. Levin.

Buffalo State Hospital.

The Will-Temperament and its Testing. By June E. Downey. Yonkers-on-Hudson, N. Y.: The World Book Company, 1923. 339 p.

This book represents the latest presentation, by a leading worker in the difficult field of applied psychology, of her method of assault upon one of the most difficult problems in that field. The book should be read with the manuals of directions and the test blanks, for both the individual and the group forms of the test under discussion. The text would be more readily available and therefore more useful if the book included both manuals and both tests within the same covers as appendices.

Even in primitive human society we find the "other human" the subject of immediate second interest to every one. It is not what the other fellow *knows* that is so interesting—it is what he *feels* and so what he is *going to do* that is the vitally important matter about him as another person. Doctor Downey, therefore, has turned aside from intelligence testing to the more difficult work of measuring mental constitution and action tendencies. She reviews recent excursions into this field, including her own approaches through muscle reading ("calculating horses") and the study of personality through handwriting. "Prospecting" along these lines gave the "leads" that resulted in the tests and "profiles" or "patterned forms" of activity.

These patterned forms, which exhibit individual differences in personality, are determined by (1) the unit of available energy at the disposal of the individual and (2) the tendency to immediate or roundabout discharge into muscles and glands (page 59).

Will-temperament is, therefore, in the view of the author, a summary expression of an innate and relatively permanent aspect of the personality. It determines the form assumed by a character.

The author in her selection of tests emphasizes three phases of "dynamic pattern of personality" (page 62):

1. Speed and fluidity of reaction.
2. Forcefulness and decisiveness (aggressiveness) of reaction.
3. Carefulness and persistence of reaction.

Four of the twelve tests are grouped under each of these heads. (The method of each test is briefly indicated in parentheses.)

1 a. Speed of movement (time of writing a given phrase).
  b. Freedom from load (quotient of normal writing time divided by speeded writing time).
  c. Flexibility (facility in imitating handwriting).
  d. Speed of decision (time to check, in a given list, one's own character traits).
2 a. Motor impulsion (amplitude of writing).
  b. Reaction to contradiction. Suggestibility. Docility. Non-compliance in group test (resisting statements that true statements are false).
  c. Resistance to opposition (reaction to obstacles in path of pen of blindfolded writer or reaffirmation of assertion of trueness and falseness of judgments).
  d. Finality of judgment (time spent rechecking one's own character traits).
3 a. Motor inhibition (length of time of voluntary retardation in writing a given phrase).
  b. Interest in detail (time and accuracy in copying or tracing model drawing).
  c. Coördination of impulses (speed and letters written when phrase is written at speed in small space).
  d. Volitional perseveration. Psychic momentum. (Time consumed in developing a disguised handwriting.)

The author recognizes (page 171) that the will-temperament tests lack a statistical background. As yet we lack certainty as to just what is being measured in any one of the tests. Probably much revision of these tests will be necessary before they will constitute a rod for measuring the motivating tendencies to action that can compare favorably with Alfred Binet's measuring rod for intelligence.

The general publicity given to the method by this book will prove one of the best possible means of securing a more general use of the tests. Only from extended use in many hands can come a demonstration of the usefulness of the author's sally into the field of the measurement and graphic portrayal of personality make-up.

The sally is a notable one. Students of mental medicine, anthropologists, and sociologists, as well as psychologists, await with interest the results of further attempts to demonstrate the measurableness of individual differences in the reactions of the person and in the mechanisms that determine those reactions.

THOMAS H. HAINES.

The National Committee for Menal Hygiene.

THE PRE-SCHOOL CHILD; FROM THE STANDPOINT OF PUBLIC HYGIENE AND EDUCATION. By Arnold Gesell, Ph.D., M.D. Boston: Houghton Mifflin Company, 1923. 264 p.

Were it necessary to make a special plea for a more deliberate and more intelligent attention to the pre-school period of the child's life, the author's trenchant words concerning the importance of this period, in the first chapter of his valuable little book, ought to aid materially in stimulating interest in this important problem.

He says, in speaking of the mental development of the pre-school period: "The infant is not only acquiring perceptions and motor coördinations; he is acquiring attitudes towards things and persons, prejudices, inclinations, habitual preferences, inhibitions; he is incorporating modes of behavior which do not, of course, constitute a mature personality, but which psychologically are at the core of personality." Or again, "Man is neurologically a bundle of neurone patterns and psychologically a bundle of habits, complexes, and conditioned reflexes. The patterns and complexes which are first formed have a remarkable tendency to persist, particularly those which are highly colored emotionally and closely knit to instinctive tendencies."

Fortunately the growing body of dependable data concerning child life is becoming the property of an ever-increasing number of everyday people, a most eminently proper diffusion of valuable information, and the book under review will add materially to this end because of its clear and concise style.

In the chapter that reviews the growth of infant welfare and child hygiene, the author furnishes a very interesting and comprehensive survey of this important movement and incidentally brings forth data that ought to be encouraging to workers in this field because of the progress it reflects. The remainder of the volume is devoted to a consideration of the place of a thoroughly sound hygiene of the mind in the deliberate training and education of the pre-school child, as well as to individual and social measures of hygiene during this period of the child's life. A careful reading of this little book will amply repay not only the professional worker in this field, but every intelligent parent.

BERNARD GLUECK.

New York City.

A FRIEND AT COURT. By Leon Stern and Elizabeth Stern. New York: The Macmillan Company, 1923. 335 p.

This book is a set of twenty short stories woven around a central idea, that of probation, as it is practiced in the new family or social court. This court is for all family problems and therefore includes the problems of the court of domestic relations, the children's court, the magistrate's court, and the woman's court. Each of these types of problems is described in one or more stories. Each story is fairly complete in itself and deals with the tragedies and comedies of life that are daily met with in such a court. The various incidents are knitted together by means of a love story which could well have been omitted, as it tends to interfere with the reader's interest in the proper subject matter of the book. The department of probation, idealized in the person of Mary Ellen, the central character of the book, is treated rather romantically, but with essential truth. The remainder of the court personnel and equipment, judge, district attorney, psychiatrist, and outside agencies, play a rather subservient part, with the exception, however, of the superintendent of the detention home, who, like Mary Ellen, is somewhat idealized. Each story is said to be a case record, and if in the telling certain legally important and socially unpleasant matters are glossed over, the story as a story is better for the glossing.

The book will undoubtedly stimulate popular interest in the work of the family court.

HELEN MONTAGUE.

Children's Court, New York City.

NOTES AND COMMENTS

Kentucky

The bill extending the provisions of the commitment law relating to insane and feebleminded so as to include persons addicted to drugs, and providing for their voluntary admission to state hospitals, which was mentioned in the July number of MENTAL HYGIENE, was enacted by the 1924 legislature.

Louisiana

The name of the Louisiana Hospital for the Insane, located at Pineville, has been changed by law to "Central Louisiana State Hospital".

Massachusetts

A new division has been created in the department of mental diseases to be known as the division for classification of prisoners. This division has been created to carry out the provisions of an act passed at the 1924 session of the legislature requiring the psychiatric examination of prisoners in jails and houses of correction in this state. This act was summarized in the April issue of MENTAL HYGIENE.

Mississippi

An appropriation of $10,000 was made to the state board of health by the 1924 legislature for each of the years 1924 and 1925, to be used for the eradication, prevention, and cure of venereal diseases.

New Jersey

A site has been selected for the North Jersey Training School for Feebleminded Women, which was authorized by the 1924 legislature. Land has been purchased in Totowa Borough, near Paterson, at a cost of about $100,000.

South Carolina

The superintendent of the state training school is permitted by Act 665, Laws of 1924, to parole inmates from the institution for such time and on such conditions as he may determine. He may from time to time extend the period of such parole or change the conditions. Before parole is granted, an investigation must be made of the home or place into which the paroled inmate is to go and of other conditions that may affect his welfare. The superintendent shall provide such supervision of paroled patients as may be deemed necessary. He has the power to revoke the parole and to return the inmate to the institution. Every person into whose custody an inmate is paroled must report to the superintendent as often as required.

The state training school received appropriations amounting to $72,000 for new equipment, additional cottages for inmates, and an extension to the kitchen and dining hall.

A bond issue of $10,000,000 for a building-and-improvement program for the state's educational, charitable, and penal institutions covering a period of ten years is proposed by an act of the 1924 legislature. This issue will be submitted to the voters at the general election this fall.

The Need for Special Schools and Classes in Westchester County

The *Tentative Report of Investigation of Need for Special Schools and Classes in Westchester County, New York,* Parts I and II, details the results of a study carried on under the direction of the subcommittee on special schools and classes, which in turn was organized by the committee of one hundred to consider plans for the reorganization of the government of Westchester County. The report, of 51 mimeographed pages, was prepared by J. Cayce Morrison and W. B. Cornell, M.D., of the State Department of Education at Albany.

"Between November 15 and January 15, 1922–23, 24,056 pupils of grades three to six inclusive were tested with the National Intelligence Test, Scale A. This number represented the total attendance of these four grades for the entire county, with the exception of three small village schools.

"It was found in some cases that the average mental ability of the same grades in different schools differed by the equivalent of nearly two years. Cases were found where two classes in the same school system would differ as much as two years in the average mental ability of their pupils.

"In every grade there were found pupils capable of doing mental work equivalent to that done by average children one, two, three, or more years farther advanced. There were just as many whose mental ability was equivalent only to that of average children, one, two, three, or more years younger.

"About 2,500 pupils, or more than 10 per cent of all tested, were from thirteen to seventeen years of age. At least 60 per cent of these pupils were well below the sixth-grade standard in average mental ability. These children have only a brief time to remain in school; they are hopelessly lost in competition with younger, more mentally alert pupils; they should be in classes where the subject matter and methods of instruction might be specially adapted to their education needs. The law requires, where there are ten or more children retarded three or more years in mental development, that a special class or classes be formed.

''Nearly 5 per cent of all the children in grades three, four, five, and six of the Westchester County schools fell below 80 in intelligence quotient (Stanford-Binet). The majority of this group are children of Italian parentage who are not generally feebleminded, but have not the mental make-up or ability to go beyond the fourth or fifth grade of the present curriculum. Much of the misbehavior, chafing, and dislike for school is the natural reaction of children of this type against school tasks they can never master. The great majority of the low-scoring group will succeed economically, if they can find their work. It is clearly a function of the school to guide children toward the type of work for which they seem best fitted. If it is simple manual work of unskilled type, it should be so stated and preparation made accordingly.

''The really feebleminded probably do not constitute more than 1.5 per cent of the entire group, and the majority of these are of moron grade. One should not be misled that this estimate of 1.5 per cent represents the extent of feeblemindedness in children of school age in Westchester County. Other studies have conclusively shown that the great majority of the feebleminded are not in the public schools; they are at home, or in institutions.

''We have shown that the low-scoring group gives the school a large proportion of behavior difficulty, and have suggested that many of these are only reacting to an uncongenial environment. A small proportion, however, are really deviates in character, impulses, morals, and conduct and may be recruits for the coming crop of criminals.''

The report emphasizes the following outstanding needs of problem children in the county:

''1. Westchester County needs 46 additional special classes for mentally subnormal pupils.

''2. The motor-minded child who can not progress beyond the fourth or fifth grade should receive special preparation for manual occupations, which an exclusively academic curriculum cannot provide.

''3. Children with intelligence quotients above 130 should be given specialized educational treatment in order to fit them for leadership and to conserve and develop the priceless talents they seem to possess.

"4. The county needs a better system of medical examination of school children. Perhaps this could best be brought about by a county-school medical inspector.

"5. The establishment of a county farm school seems to be very much needed. Permissive legislation has been provided in the Education Law since 1915 (Article 22-A). This should be a residential school to which problem and difficult children may be admitted. One department of such a school could admit mentally subnormal children."

The International Migration Service

The International Migration Service, an organization with headquarters in London and offices in Warsaw, Prague, Athens, Piraeus, Constantinople, Copenhagen, Paris, Havre, Cherbourg, Marseilles, and New York, is attempting to develop a means for discovering the extent and nature of international social difficulties and a method of dealing with them. With the growth of an international point of view, it is becoming increasingly evident that while the obligation of one country may end as soon as a person with mental difficulties is beyond its borders, the obligations of people interested in mental hygiene, in whatever country they may be, has not ceased.

International case-work involving mental-hygiene problems is but one phase of the work of the International Migration Service, and the more general work of all the bureaus and of the organization as a whole is divided into the main sections of service to residents of one country who have international difficulties, such as necessary adjustments of questions of property, citizenship, guardianship and care of children, when these problems extend into more than one country; secondly, service to actual migrants; thirdly, a research department to discover the extent of the many problems involved and to study questions of legal import, such as conflicting citizenship laws of various countries.

The International Migration Service gives its service without remuneration. From 1921 the work has been an integral part of the World's Y. W. C. A., but the growing need for further exploration of the field of international social service has pointed out the necessity for work done on non-sectarian, non-political lines, for both sexes. So on October first, 1924, the work became independent, with an initial appropriation made by the Laura Spelman Rockefeller Memorial, and an international as well as an American committee.

In order to carry out its program, the International Migration Service coöperates closely with existing local and national organizations, such as international institutes, Travelers' Aid, the Council of Jewish Women, and so forth, for the help each is best fitted to render, so there is no duplication of work. Conversely, the service is consulted by many such agencies when they have need of international service.

The membership of the American Committee is as follows: Elinor Prudden, acting chairman; Dr. Robert L. Dickinson, treasurer; Mrs. Harry M. Bremer; Joseph P. Chamberlain; Elizabeth W. Clark; Judge John C. Clark; Margaret Curtis; Stephen P. Duggan; Homer Folks; Mrs. John M. Glenn; Francis Fisher Kane; Dr. Henry Noble MacCracken; Mrs. Ruth Crawford Mitchell; Mrs. Edgerton Parsons; Mary E. Hurlbutt, director.

A Chance for Reform

Connecticut's highly commendable campaign against quack doctors, and its reverberations in other states, almost warrant the hope that success might attend an immediate and earnest attempt to change the medical-practice laws all through the country. And no laws need changing more. Thanks to the abysmal ignorance in medical matters which characterizes a majority in our legislative bodies, statute books show how well the quacks have been able to win confidence in the two delusions on the acceptance of which their legal right to do business must rest. The first of these is that nothing is "medical practice" except the administration of drugs, and the second is that there are and must be "schools" of medicine, each equally efficient and each entitled to bestow upon its representatives the title of doctor.

Not all who believe those two propositions are insane, and not all who uphold one or the other of them is a conscious swindler. But both are grotesquely false, and the legislators who have treated them as true are responsible for the scandals just revealed in Connecticut. They are to blame for the absurd fact that in most of the states there are several boards, each empowered to examine candidates and grant licenses.

This means that several quackish cults can send "graduates" of their so-called colleges and diploma mills before men of like mind who will turn them loose on the public to minister to the sufferers from all kinds of diseases, and in almost every instance to use in dealing with conditions widely different the single expedient—usually some form of suggestion or massage—with which alone they have been equipped.

In no state should there be more than one medical examining board, and that one alone should issue licenses to practice medicine. Its members would not belong to any ''school''. They would be men of real medical education themselves, able to distinguish between a real medical college and a diploma mill—between a real doctor and a quack. They would know that a real doctor is one who has acquired a decent knowledge of all the many means by which disease, by himself or others, can be prevented and cured if curable. They will be ready to use suggestion or the manipulation of bones or viscera in cases demanding it—as ready as they are to administer drugs when drugs are needed or to trust wholly to diet and outdoor life in the not infrequent instances when nothing more is required or can be done with any expectation of benefit.

Not one of the men licensed by such a board would claim universal efficacy for any form of treatment. Whoever does that is instantly revealed as a quack, either ignorant or dishonest, and he is not any the less a quack because he can produce ''testimonials'' from grateful patients, including the familiar legislator whose close relative was saved from fast-approaching death by an ''irregular'' after he, or more often she, had been given up by anywhere from one to a dozen ''regular'' doctors.

The number of people, otherwise intelligent, who thus can be deceived and with the best of intentions can deceive others as gullible as themselves is disgracefully and humiliatingly large.—''Topics of the Times'', *The New York Times.*

Choosing a Profession

Editorial, *The Lancet*

We have never far to look for an example of a square peg in a round hole—a fellow being who has missed his vocation in life. The war jerked many square pegs out of round holes, and sometimes found square holes for these pegs, but the process was seldom more than a blind shuffle. Some, perhaps many, of the misfits we see about us could have been avoided had the persons concerned had the benefit of expert medical advice at the outset of their careers. Without it, they have remained in their ill-adjustment, striving against it, what time their friends have hammered hopefully on the square peg, trusting that it would become round or that the hole would become square in the process. A very remarkable book[1] has been published by the oculist Professor H. Lauber, who has chosen as his collaborators eleven eminent specialists with wide experience of the misfits in life in their various specialties. Professor Lauber had hoped to induce the

---

[1] *Handbuch der ärztlichen Berufsberatung.* Edited by Professor H. Lauber, Vienna: Urban and Schwarzenberg, 1923. 586 p.

Austrian Ministry of Health to take up this work, but the fact that it has had to be carried out as an independent undertaking may have added to, rather than detracted from, its usefulness. From time to time the daily papers contain correspondence with the heading: "What Shall We Do with Our Boys?" But it has seldom been suggested that, before an answer to this question is attempted, a boy should be given a searching examination of body and mind by a medical expert or, better still, several medical experts. There is something ironical in the fact that at the present time medical examinations for certain services, such as the army and navy, are, at any rate partly, intended for the rejection of unsuitable applicants. Might not medical examinations of our fellow beings on the threshold of life fulfil a higher purpose if their chief aim were to find out the qualifications, rather than the disqualifications, of the individual for a certain vocation or profession? Merely to pick out the "A-ones" for certain duties and to leave the remainder to fend for themselves is assurdly a policy as short-sighted as it is callous. This policy may, perhaps, appeal to a certain class of employer, but with the progress of civilization we are learning to think in terms of the employees.

As an oculist, Professor Lauber has had exceptional opportunities for observing the tragedies which an unwise choice of profession brings in its wake, and he refers to the case of a cavalry officer whose high degree of hypermetropic astigmatism greatly impaired his efficiency. As a prospective cadet, he had been rejected on account of his eyesight, but his father, who had influence in high quarters, got his son into the cavalry through a back door. There he was a square peg in a round hole, with no one but himself and his father to thank for his unhappy fate. Even this extreme example can be paralleled in this country and not seldom, while less obvious unsuitability for the selected career strikes the eye daily. But in the advice as to the choice of a profession the medical examiner must look far ahead; a candidate may be qualified to fill a post satisfactorily at the present, but will he be equally qualified a decade or two hence, when it is too late to change to another profession? A waiter with progressive myopia may for some time be able to carry out his duties satisfactorily without glasses—somebody else can make the pun for us—but when the time comes that spectacles are indispensable, he must cease, it appears, to be a waiter. We are assuming that a waiter may never, or almost never, wear glasses, because a waiter so reinforced is as rare as, say, a High Church clergyman with a moustache. A generation ago the family doctor was often called on to advise in the choice of a profession for the son of the house, and the advice given was often sound. But with the development of the school medical service, it is the school medical officer, rather than the family doctor, who will play the most important part in this matter as far as the working classes are concerned; and Professor Lauber anticipates the time when the school medical service will be so organized that the scholar, when he leaves school, will have his qualifications and disqualifications carefully analyzed and classified. It is not, of course, Professor Lauber's intention to rob the parents or their children of their freedom of choice; what he proposes to supply them with are scientific data on which they can base their choice of a profession.

In a chapter on character defects in the young, one of Professor Lauber's collaborators, Dr. Erwin Lazar, draws attention to the special qualifications of the hyperthymic person whose bright and cheerful temperament is most suited to busy surroundings and free intercourse with strangers. The hyperthymic individual is suitable for employment in public-houses, the barber's shop, and trade generally. But he is not suitable for occupations requiring conscientious and persistent effort, nor is he fit to work alone and not under observation. The antithesis to this type is the depressive, intolerant, morose person who does not love companionship, preferring his own company. To give him the occupation suitable for a hyperthymic person is to court disaster, whereas he is comparatively well qualified to work independently and alone. Several of Professor Lauber's collaborators have tabulated their information for ready reference, lists being given of various occupations and the qualifications and disqualifications therefor. Lists are also published of the disqualifications and defects most likely to give trouble in certain occupations, and to give an illustration of the thoroughness with which this work is done, we would refer to a table in which Professor Gustav Alexander classifies the occupations unsuitable for any one with abnormal labyrinthine functions. About fifty occupations are mentioned, and not only the acrobat and aviator, but also the chauffeur, house decorator, and jockey are mentioned in this list. The qualifications and disqualifications of a doctor are discussed by more than one of Professor Lauber's collaborators, and conditions regarded as disqualifications for the practice of medicine include chronic catarrh of the respiratory passages, perforation of the septum of the nose, ozæna, psoriasis of the nails, eczema, syphilis, idiosyncrasy to mercury, degenerative defects, psychoses, and much else. History is full of records of successes achieved by square pegs in round holes, and we need only cite the case of Nelson, who was always seasick in rough weather, to stress the fact that apparently serious obstacles to success in a profession may be overcome. But these are exceptions proving the rule, and we should do well to fit our offspring into the mosaic of life with even greater care than we fit a piece of painted wood into a jig-saw puzzle.

CURRENT BIBLIOGRAPHY *

JUNE–SEPTEMBER, 1924

Compiled by

DOROTHY E. MORRISON

The National Committee for Mental Hygiene

Abt, I. A., M.D. The nervous child. Child welfare magazine, July 1924, v. 18, p. 498-501.

Allport, G. W. Study of the undivided personality. Journal of abnormal psychology and social psychology, July-Sept. 1924, v. 19, p. 132-41.

Angell, E. B., M.D. The nervous patient: general considerations. N. Y. State journal of medicine, July 1924, v. 24, p. 762-63.

Baker, B. W., M.D. Sub-normal child. Health (N. H. state board of health) August 1924. 10 p.

Barker, L. F., M.D. Can we change heredity? Hygeia, August 1924, v. 2, p. 503-05.

Barker, L. F., M.D. Psychiatry and public health. Survey, July 1, 1924, v. 52, p. 415-16. Also in American journal of psychiatry, July 1924, v. 4, p. 13-27.

Bidwell, C. H. Sterilization of "mental defect." Medical journal, South Africa, March 1924, v. 19, p. 241.

Binzel, A. L. Mental hygiene: one aspect of education for parenthood. Child welfare magazine, Sept. 1924, v. 19, p. 20-22.

Blanchard, P. M. Adolescent girl; a study from the psychoanalytic viewpoint. Rev. ed. N. Y., Dodd, 1924. 250 p.

Boudreau, E. N., M.D. Mental hygiene. Syracuse department of health, Bulletin, August 23, 1924, p. 2-3.

Brown, Sanger, 2d, M.D. Psychopathic child. Medical journal and record, August 6, 1924, v. 120, p. xlvi-xlviii.

Bryan, W. A., M.D. Organization of a mental hospital staff. Boston medical and surgical journal, July 10, 1924, v. 191, p. 50-52.

Burleigh, E. N. What is parole? Mental hygiene, July 1924, v. 8, p. 769-77.

Campbell, C. M., M.D. Psychiatry and the practice of medicine (Shattuck lecture). Boston medical and surgical journal, June 19, 1924, v. 190, p. 1053-61.

Carswell, John, M.D. Some sociological considerations bearing upon the occurrence, prevention and treatment of mental disorders. Journal of mental science, July 1924, v. 70, p. 347-57.

Chappell, S. L., M.D. Occupational therapy for neuro-psychiatric cases. Archives of occupational therapy, June 1924, v. 3, p. 213-15.

Charles, Eileen and Lucy Firth. Mental deficiency and delinquency. Australasian journal of psychology, June 1924, v. 2, p. 96-103.

Cheney, C. O., M.D. The state psychiatric clinics—their relation to the community. State hospital quarterly, August 1924, v. 9, p. 519-25.

Clark, G. E. Suggestion: an important factor in mental disease. Archives of occupational therapy, June 1924, v. 3, p. 199-203.

Conference on mental deficiency, Westminister, May 28-29, 1924. British medical journal, June 7, 1924, p. 1020-21.

Connell, E. H., M.D. Significance of the idea of death in the neurotic mind. British journal of medical psychology, 1924, v. 4, pt. 2, p. 115-24.

Conway, C. E. A clinic in spite of itself. Mental hygiene, July 1924, v. 8, p. 724-31.

Coriat, I. H., M.D. Progress in psychiatry. Boston medical and surgical journal, September 11, 1924, v. 191, p. 499-503.

---

* This bibliography is uncritical and does not include articles or books of a technical or clinical nature.

Crothers, S. M. The melancholy of novelists and the cheerfulness of social workers. Survey, July 1, 1924, v. 52, p. 404-5.

Cunningham, K. S. Relation of repression to mental development. Australasian journal of psychology, June 1924, v. 2, p. 96-103.

Dane, P. G. Psychology of criminal. Medical journal, Australia, Supp., June 21, 1924, p. 437.

Danko, Marianne. The "difficult" child in school and home. League of red cross societies, information circular, Nursing supplement no. 5, 1924, p. 12-14.

Davis, K. B. Study of certain autoerotic practices; based on the replies of 2,255 women to questionnaires prepared by the Bureau of social hygiene with the advice of a coöperative committee. Mental hygiene, July 1924, v. 8, p. 668-723.

Downey, M. H. Prevention of feeblemindedness. Medical journal, Australia, Supp., June 7, 1924, p. 405.

Eisler, E. R., M.D. Religious factor in mental disorder. Journal of abnormal psychology and social psychology, April-June 1924, v. 19, p. 85-95.

Elkind, H. B., M.D. Mental hygiene in industry. Journal of industrial hygiene, July 1924, v. 6, p. 113-23.

Erikson, C. A., M.D. Psychiatric department of Christ hospital, Topeka, Kansas. Reprint Modern hospital, July 1924, v. 23, p. 5-7.

Ferenczi, Sandor. Social considerations in some analyses. International journal of psychoanalysis, October 1923, v. 4, p. 475-78.

Franz, S. I. Educational work at St. Elizabeths hospital. School life, June 1924, v. 9, p. 237-38.

Gamble, M. Psychiatric clinic. Medical journal, Australia, Supp., June 21, 1924, p. 443.

Gegenheimer, R. A. After-care work with mental patients from the point of view of a psychiatric social worker. Mental hygiene, July 1924, v. 8, p. 778-805.

Glover, Edward. Active therapy and psychoanalysis: a critical review. International journal of psychoanalysis, July 1924, v. 5, p. 269-311.

Glueck, Bernard, M.D. Constructive possibilities of a mental hygiene of childhood. Mental hygiene, July 1924, v. 8, p. 649-67.

Glueck, S. S. State legislation providing for the mental examination of persons accused of crime. Massachusetts commission mental diseases, Bulletin, Dec. 1923, v. 7, p. 16-30.

Gosline, H. I., M.D. From pathology to criminology: a study in abnormal psychology. Journal of criminal law and criminology, May 1924, v. 15, p. 68-146.

Haas, L. J. Backbone of an occupational building for men mental and nervous patients. Mental hygiene, July 1924, v. 8, p. 737-52.

Hamilton, S. W., M.D. The new tuberculosis pavilion at the State hospital, Independence, Iowa. Modern hospital, September 1924, v. 23, p. 231-33.

Hamilton, S. W., M.D. Psychopathic wards of the Buffalo city hospital. Modern hospital, Aug. 1924, v. 23, p. 129-32.

Hamilton, S. W., M.D. Reception building of the Connecticut state hospital. Reprint from Modern hospital, July 1924, v. 23, p. 31-36.

Hatch, L. W. Treatment of injured employees in state hospitals. State hospital quarterly, Aug. 1924, v. 9, p. 493-501.

Hayward, C. W. Re-creating human nature. N. Y., Knopf, 1924. 290 p.

Hill, J. F., M.D. Treatment of psychoses by occupational therapy. Iowa bulletin state institutions, Jan. 1924, v. 26, p. 43-56.

Hoag, E. B., M.D. The new mental hygiene. Southern California society for mental hygiene. Mental hygiene bulletin, June 1924, v. 1, p. 1-2.

Holden, Alice. Advantages of training in a hospital for nervous and mental diseases. American journal of nursing, July 1924, v. 24, p. 809-10.

Hopkins, C. D. What can a small city do for mental health? Survey, June 15, 1924, v. 52, p. 351-53.

Horn, J. L. Education of exceptional children: a consideration of public school problems and policies in the field of differentiated education. N. Y., Century, 1924. 343 p.

Howell, J. A. Occupational therapy with the psychoneuroses. Archives of occupational therapy, Aug. 1924, v. 3, p. 285-88.

Hutchins, F. F., M.D. The neuropsychic functions concerned in leadership. Military surgeon, Aug. 1924, v. 55, p. 145-63.

Irwin, E. A. and L. A. Marks. Fitting the school to the child: an experiment in public education. N. Y., Macmillan, 1924. 339 p.

Jacoby, A. L., M.D. Psychopathic clinics. Modern hospital, Sept. 1924, v. 23, p. 228-30.

Jastrow, Joseph. Making over human behavior. The Designer, Oct. 1924, p. 2, 60.

Jelliffe, S. E., M.D. Dutch neuropsychiatry and its representatives. Medical journal and record, Sept. 17, 1924, v. 120, p. 260-66.

Johnstone, E. R. Social objectives for subnormals. Training school bulletin, June 1924, v. 21, p. 49-55.

Kantor, J. R. The institutional foundations of a scientific social psychology. Journal of abnormal psychology and social psychology, April-June 1924, v. 19, p. 46-56.

Katz, S. E. and H. Gray. Health and growth of children in institution. Amer. jour. of diseases of children, May 1924, v. 27, p. 464.

Kelley, O. F., M.D. The rapidly disappearing state hospital pathologist. Boston medical and surgical journal, Sept. 11, 1924, v. 191, p. 488-91.

Klein, Melanie. Development of a child. International journal of psychoanalysis, Oct. 1923, v. 4, p. 400-18.

Klein, Melanie. Rôle of the school in the libidinal development of the child. International journal of psychoanalysis, July 1924, v. 5, p. 312-31.

Kohs, S. C. Psychopathology in relation to family case work. Hospital and nurses review, June 1924, v. 3, p. 14-16.

Laird, D. A. Psychology dons overalls. Industrial management, April 1924, v. 67, p. 204-11.

Lowson, J. P. Some points in the psychology of nervous breakdown. Australasian journal of psychology, June 1924, v. 2, p. 96-103.

Lucas, W. P., M.D. Challenge of the children: mind problems of the growing child. Child health magazine, Aug. 1924, v. 5, p. 345-49.

McDougall, William. Can sociology and social psychology dispense with instincts? Journal of abnormal psychology and social psychology, April-June 1924, v. 19, p. 13-41.

McKerrow, J. C., M.D. Neuroses. British journal of medical psychology, 1924, v. 4, pt. 2, p. 85-101.

Mathers, A. T., M.D. The social treatment of the mentally diseased. Social welfare (Toronto), July 1924, v. 6, p. 206-7.

Mayo, Elton. Civilized unreason. Harper's magazine, March 1924, v. 148, p. 527-35.

Menninger, K. A., M.D. Place of the psychiatric department in the general hospital. Reprint, Modern hospital, July 1924, v. 23, p. 1-4.

Menninger, K. A., M.D. Mental hygiene clinic. Journal of Kansas medical society, June 1924, v. 24, p. 165-73.

Mental health among Kentucky school children. Kentucky public health workers bulletin, June 1924, v. 5, no. 4, p. 1-2.

Mental hygiene in Hungary. Journal of the American medical association, June 28, 1924, v. 82, p. 2129.

Minogue, S. J., M.D. Intelligence of criminal insane. Medical journal, Australia, April 26, 1924, v. 1, p. 407.

Morris, E. S. Administrative control of mental deficiency in Tasmania. Health (Australia), May 1924, v. 2, p. 78-80.

Musgrove, W. M., M.D. Progress of mental hygiene in Manitoba. Canadian medical association journal, May 1924, v. 14, p. 377.

Myers, C. R. Dangers of crooked thinking. N. Y., Revell, 1924. 205 p.

Myerson, Abraham, M.D. Review of the progress of neurology. Boston medical and surgical journal, June 26, 1924, v. 190, p. 1127-30.

National committee for mental hygiene. Report of the mental hygiene survey of Kentucky with recommendations; under direction of T. H. Haines. Frankfort, Ky., State journal, 1923. 178 p.

Noble, R. Prevention of mental deficiency. Medical journal, Australia, Supp., June 7, 1924, p. 400.

Orthopsychiatric association organized. Journal of the American medical association, July 12, 1924, v. 83, p. 129.

O'Shea, M. V., editor. The child: his nature and his needs. N. Y., Children's foundation, 1924. 516 p.

Ostheimer, A. J., M.D. Essentials of a mental hygiene program for Philadelphia; the present situation; what more is needed from the medical point of view. Phila., Department of public health, Monthly bulletin, June 1924, v. 9, p. 74-81.

Parsons, H. C. Public correction and its relation to mental hygiene. Massachusetts commission mental diseases, Bulletin, Dec. 1923, v. 7, p. 2-4.

Parsons, F. W., M.D. Future devel-

opment of the district hospital. State hospital quarterly, Aug. 1924, v. 9, p. 502-07.

Pollock, H. M. Better statistics of the feebleminded. State hospital quarterly, August 1924, v. 9, p. 544-48.

Pollock, L. J., M.D. Mental hygiene of industry. Nation's health, June 1924, v. 6, p. 384-86.

Potts, W. A., M.D. Racial dangers of mental defect. The desirability of greatly increased institutional accommodation for mental defectives. Eugenics review, July 1924, v. 16, p. 129-34.

Putnam, M. L. State hospital, Danville, Pa., converts summer houses into occupational shops. Modern hospital, July 1924, v. 23, p. 86, 88.

Rayner, Henry, M.D. Mental after care. Journal of mental science, July 1924, v. 70, p. 358-62.

Ross, Mary. Children who had a second chance. Survey, July 1, 1924, v. 52, p. 382-85, 431, 433.

Salmon, T. W., M.D. Mind and medicine. N. Y., Columbia university press, 1924. 33 p.

Salmon, T. W., M.D. Presidential address before American psychiatric association, 1924. American journal of psychiatry, v. 4, p. 1-11, July 1924.

Sartwell, R. H., M.D. Plea for greater frankness in dealing with those who are mentally sick. Mental hygiene, July 1924. v. 8, p. 722-36.

Sims, F. R., M.D. Problems of United States Veterans' Bureau in the care of neuro-psychiatric claimants. Boston medical and surgical journal, July 31, 1924, v. 191, p. 189-93.

Singer, H. D., M.D. What causes insanity? Hygeia, Sept. 1924, v. 2, p. 572.

Singer, H. D., M.D. and W. O. Krohn, M.D. Insanity and law; a treatise on forensic psychiatry. Phila., Blakiston, 1924. 437 p.

Small, Cerina. Case studies from the neuropsychiatric clinic at Saint Vincent charity hospital, Cleveland, Ohio. Hospital progress, June 1924, v. 5, p. 242-43.

Solomon, Meyer, M.D. Nervous patient and his struggle for poise. Illinois medical journal, June 1924, v. 45, p. 439-44.

Stern, William. Psychology of early childhood up to the sixth year of age. N. Y., Holt, 1924. 557 p.

Strecker, E. A., M.D. On the development of the normal child. P. C. A. herald, Sept. 1924, p. 3-4 (to be cont.).

Strecker, E. A., M.D. Points of contact between internal medicine and psychiatry. Atlantic medical journal, Sept. 1924, v. 27, p. 801-8.

Sullivan, W. C., M.D. Relation of alcoholism to insanity and to crime. Royal society medicine, Section on psychiatry, Proceedings, Sept. 1924, v. 17, p. 37-46.

Thom, D. A., M.D. Habit-clinics for the child of pre-school age: their organization and practical value. Washington, Government printing office, 1924. 71 p.

Thom, D. A., M.D. Organization and development of mental clinics for community care. Massachusetts commission mental diseases, Bulletin, Dec. 1923, v. 7, p. 30-34.

Thomson, John, M.D. Home treatment of mentally defective infants and young children. Edinburgh medical journal, May 1924, v. 31, p. 285.

Tredgold, A. F., M.D. Discussion on prevention of mental deficiency. British medical journal, Aug. 23, 1924, p. 316-22.

Truitt, R. P., M.D. Child guidance clinic conducted at Anita M. Baldwin hospital for babies, Los Angeles, California. Hospital and nurses review, June 1924, v. 3, p. 11-13.

Turney, R. I. Court-room psychology: a work on jury trials. Los Angeles, Times-Mirror press, 1924. 150 p.

Valencia, Ethel. Mental hygiene. Pacific coast journal of nursing, July 1924, v. 20, p. 451-52.

Van Waters, Miriam. Your town and the delinquent child; a program for the adjustment of delinquency in the average community. Survey, Sept. 15, 1924, v. 52, p. 609-11.

Wallin, J. E. W. Classification for instruction of mentally deficient and retarded children. Mental hygiene, July 1924, v. 8, p. 753-68.

Warnock, John, M.D. Twenty-eight years lunacy experience in Egypt (1895-1923). Journal of mental science, July 1924, v. 70, p. 380-410.

Watson, H. F., M.D. Some aspects of mental deficiency. Australasian nurses journal, April 15, 1924, v. 22, p. 185-86, 188, 190.

Watson, J. B. Psychology from the standpoint of a behaviorist. 2d ed. Phila., Lippincott, 1924. 465 p.

White, P. J., M.D. The nervous child. Hygeia, Sept. 1924, v. 2, p. 549-54.

White, W. A., M.D. Introduction to the study of the mind. Wash., Nervous and mental disease publishing company, 1924. 116 p.

White, W. A., M.D. Prostitution and mental hygiene. U. S. Public health service, Social pathology, v. 1, p. 139-42.

Wile, I. S., M.D. Six children in search of an education. Survey, Sept. 1, 1924, v. 52, p. 576-80, 598.

Williams, C. F., M.D. Mental hygiene a public health problem. Reprint from S. C. Medical association journal, May 1923, p. 3-13.

Williams, C. V. Before you adopt a child. Hygeia, July 1924, v. 2, p. 423-27.

Wine, M. C. Stigma—a problem of ungraded classes. Ungraded, June 1924, v. 9, p. 199-207.

Woolley, H. T. Habit formation—health preparation for school life. Child welfare magazine, July 1924, v. 18, p. 485-89.

Young, Meredith, M.D. Public significance of mental deficiency. Public health (London), June 1924, v. 37, p. 226-29.

Ziegler, L. H., M.D. Some observations on recreations. Archives of occupational therapy, Aug. 1924, v. 3, p. 255-65.

DIRECTORY OF COMMITTEES AND SOCIETIES FOR MENTAL HYGIENE

NATIONAL ORGANIZATIONS

The National Committee for Mental Hygiene, Inc.
370 Seventh Avenue, New York City
Dr. Frankwood E. Williams, Medical Director
Dr. Clarence J. D'Alton, Acting Director, Division on Prevention of Delinquency
Dr. Thomas H. Haines, Director, Division on Mental Deficiency
Edith M. Furbush, Director, Department of Information and Statistics
Dr. Clarence J. D'Alton, Exec. Assistant
Clifford W. Beers, Secretary

The Canadian National Committee for Mental Hygiene
102 College Street, Toronto, Canada
Dr. C. M. Hincks, Acting Medical Director and Secretary
Dr. Gordon S. Mundie, Associate Medical Director
Dr. Eric Kent Clarke, Associate Medical Director
Dr. J. G. McKay, Associate Medical Director

STATE ORGANIZATIONS

Alabama Society for Mental Hygiene
Dr. W. D. Partlow, Secretary, Tuscaloosa, Alabama

California Society for Mental Hygiene
Miss Julia George, Secretary
1136 Eddy Street, San Francisco, Cal.

Connecticut Society for Mental Hygiene
Dr. O. G. Wiedman, Medical Director
179 Allyn Street, Hartford, Conn.
Mrs. Helen M. Ireland, Secretary
39 Church Street, New Haven, Conn.

District of Columbia Society for Mental Hygiene
Dr. D. Percy Hickling, Secretary
1304 Rhode Island Avenue, Washington, D. C.

Georgia Society for Mental Hygiene
Burr Blackburn, Secretary
62½ No. Forsythe Street, Atlanta, Ga.

Illinois Society for Mental Hygiene
308 N. Michigan Avenue, Chicago, Ill.
Dr. H. Douglas Singer, Acting Medical Director

Indiana Society for Mental Hygiene
Paul L. Kirby, Secretary
88 Baldwin Block, Indianapolis, Ind.

Iowa Society for Mental Hygiene
(Not yet active.)

Kansas Mental Hygiene Society
J. R. Stone, Executive Secretary
Mulvane Building, Topeka, Kansas

Louisiana Society for Mental Hygiene
Dr. Maud Loeber, Secretary
3501 Prytania Street, New Orleans, La.

Mental Hygiene Society of Maryland
31 So. Calvert Street, Baltimore, Md.
Dr. Chas. B. Thompson, Exec. Secretary

Massachusetts Society for Mental Hygiene
5 Joy Street, Boston, Mass.
Dr. George K. Pratt, Medical Director

Maine Society for Mental Hygiene
In process of organization. Address Dr. F. C. Tyson, Augusta, Maine

Mississippi Society for Mental Hygiene
Dr. J. H. Fox, Secretary
Jackson, Mississippi

Missouri Society for Mental Hygiene
Dr. James F. McFadden, Secretary
Humboldt Building, St. Louis, Mo.

Committee on Mental Hygiene of the New York State Charities Aid Association
105 East 22d Street, New York City
Dr. Stanley P. Davies, Exec. Secretary

North Carolina Society for Mental Hygiene
Dr. Albert Anderson, Secretary
Raleigh, N. C.

Ohio Mental Hygiene Committee
R. E. Miles, Secretary
Ontario Building, Columbus, O.

Oregon Society for Mental Hygiene
Dr. J. B. Wise, President
Portland, Oregon

Mental Hygiene Division of the Public Charities Association of Pennsylvania
311 South Juniper Street, Philadelphia, Pa.
Dr. A. J. Ostheimer, Medical Director

Rhode Island Society for Mental Hygiene
Miss Mary C. Greene, Secretary
Miss Esther F. Greene, Exec. Secretary
118 No. Main Street, Providence, R. I.

Tennessee Society for Mental Hygiene
C. C. Menzler, Secretary
Nashville, Tenn.

Virginia Society for Mental Hygiene
Dr. William F. Drewry
Petersburg, Virginia

Members and Directors

of

THE NATIONAL COMMITTEE FOR MENTAL HYGIENE, INC.

(Directors indicated by asterisks before their names.)

Mrs. Milo M. Acker, Hornell, N. Y.
Jane Addams, Chicago
Dr. Herman M. Adler, Chicago
*Edwin A. Alderman, Charlottesville, Va.
*James L. Alexander, Elizabeth, N. J.
*Frederic W. Allen, New York
Dr. George S. Amsden, Albany
James R. Angell, New Haven
Harriet Bailey, Bangor, Me.
Otto T. Bannard, New York
*Dr. Lewellys F. Barker, Baltimore
Dr. Albert M. Barrett, Ann Arbor, Mich.
David P. Barrows, Berkeley, Cal.
Dr. Clara Barrus, Roxbury, N. Y.
Dr. Charles Bernstein, Rome, N. Y.
*Dr. Frank Billings, Chicago
*Dr. Robert H. Bishop, Cleveland
Dr. Malcolm A. Bliss, St. Louis
Mrs. John W. Blodgett, Grand Rapids, Mich.
Dr. Rupert Blue, Washington
*Dr. George Blumer, New Haven
Dr. George Alder Blumer, Providence
Dr. Earl D. Bond, Philadelphia
Dr. Eugene D. Bondurant, Mobile, Ala.
Dr. L. Vernon Briggs, Boston
Carl C. Brigham, Princeton
Dr. A. A. Brill, New York
*Dr. Samuel A. Brown, New York
Dr. Sanger Brown, II, New York
Dr. Edward N. Brush, Baltimore
William H. Burnham, Worcester
Nicholas Murray Butler, New York
*Dr. C. Macfie Campbell, Boston
John J. Carty, New York
Dr. Louis Casamajor, New York
Elizabeth M. Chace, Providence
F. Stuart Chapin, Minneapolis
*Russell H. Chittenden, New Haven
Dr. Edmund A. Christian, Pontiac, Mich.
*Dr. L. Pierce Clark, New York
*Dr. William B. Coley, New York
*Dr. Owen Copp, Philadelphia
Dr. George W. Crile, Cleveland
Nelson Cunliff, St. Louis
Dr. Harvey Cushing, Boston
*Dr. Charles L. Dana, New York
*C. B. Davenport, Cold Spring Harbor
Maurice R. Davie, New Haven
Dr. George Donohoe, Cherokee, Iowa
*Stephen P. Duggan, New York
Mrs. William F. Dummer, Chicago
Dr. David L. Edsall, Boston
*Charles W. Eliot, Cambridge
*Dr. Charles P. Emerson, Indianapolis
*Dr. Haven Emerson, New York
Dr. Livingston Farrand, Ithaca
Elizabeth E. Farrell, New York
W. H. P. Faunce, Providence
Katherine S. Felton, San Francisco
*Dr. Walter E. Fernald, Waverley, Mass.
John H. Finley, New York
Dr. J. M. T. Finney, Baltimore
Irving Fisher, New Haven
*Matthew C. Fleming, New York
*Homer Folks, New York
Raymond B. Fosdick, New York
Lee K. Frankel, New York
Dr. Charles H. Frazier, Philadelphia
Francis D. Gallatin, New York
*Dr. Arnold L. Gesell, New Haven
Dr. Bernard Glueck, New York
Dr. J. E. Goldthwait, Boston
Dr. S. S. Goldwater, New York
Dr. Menas S. Gregory, New York
Mrs. Alexander M. Hadden, New York
Arthur T. Hadley, New Haven
Melvin Everett Haggerty, Minneapolis
Dr. Arthur S. Hamilton, Minneapolis
Learned Hand, New York
Mrs. E. Henry Harriman, New York
*Dr. C. Floyd Haviland, Albany
Dr. Harley A. Haynes, Lapeer, Mich.
Dr. William Healy, Boston
Dr. Arthur P. Herring, Baltimore
Frederick C. Hicks, Cincinnati
Charles W. Hoffman, Cincinnati
*William J. Hoggson, Greenwich, Conn.
Ernest M. Hopkins, Hanover, N. H.
Franklin C. Hoyt, New York
Dr. Frank F. Hutchins, Indianapolis
Surg. Gen. M. W. Ireland, Washington
Henry James, New York
*Dr. Walter B. James, New York
Mrs. Helen Hartley Jenkins, New York
Charles H. Judd, Chicago
Harry Pratt Judson, Chicago
Dr. Charles G. Kerley, New York
Everett Kimball, Northampton, Mass.
*Dr. George H. Kirby, New York
Franklin B. Kirkbride, New York
James H. Kirkland, Nashville

Dr. George M. Kline, Boston
Dr. Augustus S. Knight, Gladstone, N. J.
Dr. Charles I. Lambert, New York
Julia C. Lathrop, Rockford, Ill.
Burdette G. Lewis, Trenton, N. J.
Adolph Lewisohn, New York
Sam A. Lewisohn, New York
Ernest H. Lindley, Lawrence, Kansas
*Samuel McCune Lindsay, New York
Dr. Charles S. Little, Thiells, N. Y.
Dr. William F. Lorenz, Madison, Wis.
Emma O. Lundberg, Washington
Tracy W. McGregor, Detroit
George P. McLean, Simsbury, Conn.
Henry N. MacCracken, Poughkeepsie, N. Y.
Dr. Carlos F. MacDonald, New York
V. Everit Macy, Scarborough, N. Y.
Richard I. Manning, Columbia, S. C.
Marcus M. Marks, New York
Dr. Henry W. Mitchell, Warren, Pa.
Dr. George A. Moleen, Denver
Mrs. William S. Monroe, Chicago
Dwight W. Morrow, Englewood, N. J.
Dr. J. M. Murdoch, Polk, Pa.
J. Prentice Murphy, Philadelphia
Dr. Abraham Myerson, Boston
William A. Neilson, Northampton, Mass.
Dr. Frank P. Norbury, Springfield, Ill.
Dr. Samuel T. Orton, Iowa City
William Church Osborn, New York
Harry V. Osborne, Newark, N. J.
Dr. Herman Ostrander, Kalamazoo, Mich.
Dr. William H. Park, New York
Herbert C. Parsons, Boston
*Dr. Stewart Paton, Princeton
Angelo Patri, New York
Dr. Hugh T. Patrick, Chicago
Dr. Frederick Peterson, New York
Henry Phipps, New York
Gifford Pinchot, Philadelphia
Roscoe Pound, Cambridge
Dr. Morton Prince, Boston
Rodney Procter, New York
Charles McAlpine Pyle, New York
Dr. M. P. Ravenel, Columbia, Mo.
Dr. Mortimer W. Rayner, New York
Karl Reiland, New York
Rush Rhees, Rochester, N. Y.
Dr. Robert L. Richards, San Francisco, Cal.
Dr. Austen F. Riggs, Stockbridge, Mass.
Dr. Milton J. Rosenau, Boston
Ira C. Rothgerber, Denver
*Dr. Arthur H. Ruggles, Providence
*Mrs. Charles C. Rumsey, Wheatley Hills
*Dr. William L. Russell, White Plains
*Dr. Bernard Sachs, New York
*Dr. Thomas W. Salmon, New York
Dr. William C. Sandy, Harrisburg
Jacob Gould Schurman, Ithaca
Dr. Sidney I. Schwab, St. Louis
Carl E. Seashore, Iowa City
Dr. Frederick C. Shattuck, Boston
Edward W. Sheldon, New York
Dr. H. Douglas Singer, Chicago
Dr. Harry C. Solomon, Boston
Dr. Edith R. Spaulding, New York
Dr. M. Allen Starr, New York
Dr. A. Warren Stearns, Boston
Dr. Henry R. Stedman, Boston
*Anson Phelps Stokes, Lenox, Mass.
Dr. Charles F. Stokes, New York
Graham R. Taylor, New York
Dr. Douglas A. Thom, Boston
Dr. Frederick Tilney, New York
Dr. Walter Timme, New York
Arthur W. Towne, New York
*Howard B. Tuttle, Naugatuck, Conn.
*Victor Morris Tyler, New Haven
Dr. Forrest C. Tyson, Augusta, Me.
*Mrs. William K. Vanderbilt, New York
Henry van Dyke, Princeton
Dr. Henry P. Walcott, Cambridge
Lillian D. Wald, New York
Dr. George L. Wallace, Wrentham, Mass.
Clarence Warden, Philadelphia
I. Vernon Weisbrod, New York
*Dr. William H. Welch, Baltimore
*Dr. William A. White, Washington
Dr. Ray Lyman Wilbur, Stanford, Cal.
Dr. Henry Smith Williams, New York
Dr. William H. Wilmer, Washington
Dr. C.-E. A. Winslow, New Haven
Dr. Milton C. Winternitz, New Haven
Arthur Woods, New York
Robert A. Woods, Boston
Mrs. Helen Woolley, Detroit
Howell Wright, Cleveland
*Robert M. Yerkes, Washington
Dr. Edwin G. Zabriskie, New York

INDEX TO AUTHORS AND SUBJECTS

A

Abstracts, 166–73, 571–82, 806–18, 1024–38
Adler, Alfred, 67
After care. *See* Mentally diseased, after care
American Pediatric Society, 649
American Social Hygiene Association, 94, 95
AMIEL, HENRI FREDERIC, 639
"Anxiety neurosis". *See* Neurasthenia, traumatic
Aristotle, 68

B

Backward children, education, special classes, 753–65
BATES, SANFORD, 530
Bernheim, Hippolyte, 58, 60, 62
Bibliography, current, 216–21, 641–45, 866–69, 1089–93
BLANCHARD, PHYLLIS, 26
Book reviews, 225–424, 583–626, 819–55, 1039–80
Breuer, Joseph, 59, 62
Brigham, Carl C., 69–82
Bryan, William J., 208–13
Bureau of Social Hygiene, 95, 98, 105
BURLEIGH, EDITH N., 769
BUZZARD E. FARQUHAR, 425

C

Cabot, Frederick P., 116
Campbell, John, 857
Central Association for Mental Welfare of Great Britain, position on question of sterilization, statement of, 633–35
Charcot, J. M., 57, 58, 60
Child guidance clinics. *See* Mental clinics
Chute, Charles L., 117
COLE, BLANCHE E., 977
Colorado legislation, 202
Conduct disorders in children. *See* Delinquency, juvenile; Mental clinics; Problem children, survey of
Congenital syphilis. *See* Problem cases, causative factors in
Connecticut legislation, 203
Constitutional psychopathic inferiority. *See* Psychopathic personality
CONWAY, CATHERINE E., 724
CRABBE, GEORGE, 105

D

DAVIS, KATHARINE BEMENT, 668
Delaware legislation, 203
Delinquency, juvenile, 115–65, 438–52, 912–47
  bibliography, 164–65
Delinquency, psychiatric examination, 1–19, 453–65, 948–56
Delinquency, statistics, 453–65
Department for Defective Delinquents, Bridgewater, Mass., 530
District of Columbia legislation, 627
DOOLEY, LUCILE, 192
Drugs, 857–63
DuBois, Paul, 67

E

Encephalitis in children, after effects, 441, 977–1023. *See also* Problem cases, causative factors in
Endocrine disturbances in children, 28, 33, 34
Enuresis in children. *See* Neurotic children
Epilepsy in children, 440–41. *See also* Problem cases, causative factors in

F

Fear in children. *See* Problem cases, causative factors in
FERNALD, WALTER E., 964
Fernald, Walter E., 107
Florida legislation, 203–04
FRANZ, SHEPHERD IVORY, 972
Freud, Sigmund, 60–68
FRYER, DOUGLAS, 466
FURBUSH, EDITH M., 548

G

GEGENHEIMER, RUTH A., 778
Gesell, Arnold, 118
GLUECK, BERNARD, 649, 873
GLUECK, S. SHELDON, 1, 948
Green, J. S., 41

H

HASS, LOUIS J., 737
HAINES, THOMAS H., 893
HALL, G. STANLEY, 638
Hall, G. Stanley, 68
HARRYMAN, WARD W., 453
HEXTER, MAURICE B., 69
Hiatt, J. S., 121
HOLT, L. EMMETT, 215
Holt, L. Emmett, 649
HOPKINS, CORNELIA D., 83
Hoyt, Franklin C., 128

I

Idealism, 865
Illinois Society for Mental Hygiene, 85, 522, 524

Indiana legislation, 204
Institute for Juvenile Research, Chicago, establishment of, 84
Intelligence tests, 22–24, 69–82, 729–30, 966–68. *See also* Problem children, survey of
  of immigrants, 73–78
International Migration Service, The 1084–85
Iowa legislation, 204

J

JACOBY, ARNOLD L., 453
Janet, Pierre, 58, 61
JOHNSON, LOREN B. T., 176
Johnson, Loren B. T., 106
Jung, Carl Gustav, 67

K

KARPMAN, BEN, 174, 196
Kentucky legislation, 628, 1081
Kidner, T. B., 737

L

Lauber, H., 1086
Lazar, Erwin, 1088
Louisiana legislation, 1081

M

Mabon, William, 779
MCCORD, CLINTON P., 438
Maladjusted children, case studies, 42–44, 45–46, 47–49. *See also* Mental hygiene and childhood; Problem children, survey of
Maryland legislation, 628, 856
Massachusetts legislation, 6, 628–29, 856, 1081
Masturbation, *See* Sex problems, investigation of
Mental clinics, 26–54, 84–93, 106–14, 127, 453–65, 724–31
Mental defect, 964–71
    and delinquency, 11–13, 44–45, 118–19, 507, 519–20, 530–34
  and sterilization, 633–35
  case studies, 12–13, 20–25, 44–45, 111, 541–43, 545–46
  course in, for magistrates, 864
Mental defectives, education, 753–68
  special classes, 754–68, 893–911, 1082–84
Mental defectives in community, 535–47, 724–31
Mental defectives in industry. *See* Mental defect, case studies; Mental defectives in community
Mental disease, alcoholic, 548–70
Mental disease and delinquency. *See* Delinquency, psychiatric examination
Mental disease, statistics, 550–70
Mental hygiene and childhood, 83–93, 106–14, 649–67. *See also* Problem children, survey of
Mental hygiene and pediatrics, 215
Mental hygiene, committees and societies, directory of, 222, 646, 870, 1094
Mental hygiene in Australia, 637–38
MENTAL HYGIENE, subscription price, 202
Mental hygiene surveys, 83–93. *See also* Mental clinics; Problem children, survey of
Mental retardation in children, 33
Mentally diseased, after care of, 778–805
Mentally diseased, care, 732–36. *See also* Mentally diseased, after care of
  in families, 635–37
Mentally diseased, case studies, 795–803
Merrill, Lilburn, 116
Mesmer, Anton, 56
MEYER, ADOLF, 865
Michigan legislation, 204
Minnesota legislation, 204–05, 629
Mississippi legislation, 629, 1081
Missouri legislation, 205
MYERSON, ABRAHAM, 69
MYRICK, HELEN L., 522

N

Nail-biting in children. *See* Neurotic children
National Association of Visiting Teachers, 128
National Committee for Mental Hygiene, Board of directors, annual meeting, 207–08
National Committee for Mental Hygiene, 14th annual meeting, 206–07
National Committee for Mental Hygiene, Members and directors, 223–24, 647–48, 871–72, 1095–96
National Hospital for Speech Disorders, 41
National Probation Association, 115, 117
National Research Council, Committee for Research on Sex Problems, organization and history, 94–105
Neurasthenia, traumatic, 425–37
Neurotic children, 36, 37

New Jersey legislation, 205, 629–30, 1081
New School for Social Research, courses, 864–65
New York legislation, 630–31, 856
Noisy office, 639–40
North Carolina legislation, 205
Notes and comments, 202–15, 627–40, 856–65, 1081–87

O

Occupational therapy, 737–52
O'Mally, Mary, 201
Opium. *See* Drug addiction

P

Paracelsus, 55
Parental schools, 121
Parole, 769–77
Paynter, Richard H., Jr., 26
Pennsylvania legislation, 205–06
Perkins, Nellie L., 506
Personality defects in children. *See* Problem children, survey of
Pollock, Horatio M., 548
Polon, Albert, 55
Probation, 506–21, 873–92
Problem cases, causative factors in, 34–41
Problem children, survey of, 26–54. *See also* Delinquency, juvenile; Mental hygiene and childhood
Prohibition and alcoholic mental disease, 548–70
Psychiatric social work, 507–21, 522–29, 778–805, 957–63. *See also* Mental clinics
Psychiatry, education in, 864, 972–76
Psychoanalysis, history of, 55–68
Psychopathic personality, 90, 113, 515–19. *See also* Problem cases, causative factors in
  in criminals, 13–15
Psychotherapy, history of, 55–68
Public Charities Association of Pennsylvania, mental hygiene programme, 213–15

Q

Quackery, campaign against, in Connecticut, 1085–86

R

Raphael, Mary M., 453
Raphael, Theophile, 453
Raymond, Alice, 535
Rhode Island legislation, 631
Rice, Stuart A., 208
Richards, Esther Loring, 912
Richmond, Winifred, 106, 189

S

St. Elizabeths hospital, out-patient department, 106
Salmon, Thomas W., 737
Sartwell, Ransom H., 732
Scheetz, Mildred M., 186
Schuyler, Louise Lee, 779
Sex problems, investigation of, 94–105, 668–723
Silk, S. A., 179
Skop, Vaclav, 635
South Carolina legislation, 631, 1081–82
South Dakota legislation, 206
Special classes for truants and incorrigibles, 120
Speech defects in children. *See* Problem cases, causative factors in
Sterilization, 633–35

T

Taussig, Frances, 957
Taussig, Lev, 635
Tri-Cities Associated Charities, 85, 92
Truancy. *See* Delinquency, juvenile; Special classes for truants and incorrigibles

V

Virginia legislation, 631–33, 856–57
Visiting teacher movement, 127–29
Vocational education, 1086–88
Vocational guidance bureaus, 123–24
Vocational interests, permanency of, 466–505

W

Wallace. Dorothy, 115
Wallace, George L., 535
Wallin, J. E. Wallace, 753
Washington legislation, 633
Wembridge, Eleanor Rowland, 20
White, William A., 175
Willey, Malcolm M., 208
Wisconsin legislation, 206
Wise, Theodore, 778
Wrentham State School, 535

Y

Yerkes, Robert M., 69

Z

Zinn, Earl F., 94

ABSTRACTS AND REVIEWS

LISTED BY AUTHORS OF BOOKS AND ARTICLES

Allport, Floyd H. Social psychology. Rev. by E. R. Groves. 834.
Amsden, George S. The practical value of the study of personality in mental disorders. 166.
Apert, Eugene, Lucien Cuénot, Leonard Darwin, Frederic Houssay, Lucien March, Georges Papillault, Edmond Perrier, Charles Richet, George Schreiber. Eugenique et selection. Rev. by Lorine Pruette. 583.
Bradley, R. N. Duality; a study in psychoanalysis of race. Rev. by K. A. Menninger. 838.
Brierley, Susan S. An introduction to psychology. Rev. by E. M. Olson. 851.
Bruce, Andrew A. The American Judge. Rev. by S. S. Glueck. 594.
Burt, Cyril. Mental and scholastic tests. Rev. by T. H. Haines. 850.
Coffin, John Herschel. Personality in the making. Rev. by E. A. Strecker. 823.
Courtney, J. W. Conquest of nerves. Rev. by E. V. Eyman. 617.
Crofton, George H. The mental phases of pulmonary tuberculosis. 1033.
Davenport, F. I. Adolescent interests; a study of the sexual interests and knowledge of young women. Rev. by Phyllis Blanchard. 852.
Davenport, Isabel. The salvaging of American girlhood. Rev. by Phyllis Blanchard. 1066.
Downey, June E. The will-temperament and its testing. Rev. by T. H. Haines. 1077.
Dumas, Georges, and others. Traité de psychologie. Rev. by Douglas Fryer. 830.
East, Edward M. Mankind at the crossroads. Rev. by E. M. Furbush. 1052.
Ecob, Katherine G. Mental defectives in the community. 577.
Elkind, Harry B. Mental hygiene in industry. 1027.
Ellwood, Charles A. Christianity and social science. Rev. by E. R. Groves. 613.
Ewer, Bernard C. Applied psychology. Rev. by D. C. Rogers. 623.
Gesell, Arnold. The pre-school child; from the standpoint of public hygiene and education. Rev. by Bernard Glueck. 1079.
Glueck, Bernard. The concept ''nervous child''. 1030.
Glueck, S. S. Ethics, psychology, and the criminal responsibility of the insane. 169.
Greig, J. Y. T. The psychology of laughter and comedy. Rev. by Ruth Liebman. 854.
Hadfield, J. A. Psychology and morals. Rev. by M. A. Harrington. 605.
Hadfield, J. A. The psychology of power. Rev. by M. H. Wagenhals. 853.
Hall, G. Stanley. Confessions of a psychologist. Rev. by S. M. Shellow. 1039.
Hartman, W. Louis. The economic viewpoint upon syphilis in industry. 575.
Hill, Dorothy Dix. Textbook of nursing procedures; Bellevue school of nursing. Rev. by V. M. Macdonald. 626.
Hinkle, Beatrice M. The re-creating of the individual; a study of psychological types and their relation to psychoanalysis. Rev. by C. M. Campbell. 819.
Hoag, E. B., and E. H. Williams. Crime, abnormal minds and the law. Rev. by Augusta Scott. 1055.
Holmes, Samuel J. A bibliography of eugenics. Rev. by M. H. Wagenhals. 618.
International Congress of Eugenics, 2d. Eugenics, genetics and the family; Eugenics in race and state. Rev. by M. M. Canavan. 1058.
Jarrett, Mary C. Factors in the mental health of boys of foreign parentage. 817.
Jarrett. Mary C. Factors in the mental health of girls of foreign parentage. 571.
Jelliffe, S. E., and Louise Brink. Psychoanalysis and the drama. Rev. by K. A. Menninger. 841.

Joint Committee on Methods of Preventing Delinquency. Three problem children. Rev. by E. L. Richards. 1047.

Jones, Sullivan. Standardization and hospitals. 1024.

Larguier des Bancels, J. Introduction à la psychologie, l'instinct, et l'émotion. Rev. by Lorine Pruette. 833.

McKerrow, James Clark. Aberrations of the mind. Rev. by C. P. Oberndorf. 1069.

Mecklin, John Moffat. The Ku Klux Klan. Rev. by N. B. Willey. 843.

Medico-Psychological Association of Great Britain. Handbook of mental nursing. Rev. by S. W. Hamilton. 1074.

Mühl. Anita Mary. Fundamental personality trends in tuberculous women. 580.

Richmond, Winifred. The psychologist in the psychopathic hospital. 813.

Rowntree, Harold. Changing human nature. Rev. by E. L. Richards. 621.

Smith, W. Whately. The measurement of emotion. Rev. by F. L. Wells. 625.

Solomon, Harry C., and Maida H. Syphilis of the innocent. Rev. by P. C. Jeans. 607.

Stekel, William. Sex and dreams. Rev. by Adolph Stern. 602.

Stern, Leon and Elizabeth. A friend at court. Rev. by Helen Montague. 1080.

Stern, William. Psychology of early childhood; up to the sixth year of age. Rev. by J. C. Fenton. 1045.

Stratton, George Malcolm. Anger; its religious and moral significance. Rev. by R. W. Hall. 615.

Strong, Edward K., jr., and Richard S. Uhrbrock. Job analysis and the curriculum with special reference to the training of printing executives. Rev. by Douglas Fryer. 848.

Tead, Ordway. A course in personnel administration. Rev. by Douglas Fryer. 620.

Thom, D. A. The organization and development of mental clinics for community care. 815.

Thomas, William I. Sex and society; studies in the social psychology of sex. Rev. by C. P. Oberndorf. 840.

Thurstone, L. L., James Leuba, K. S. Lashley and Joseph Jastrow. Contributions of Freudism to psychology. 806.

Tilney, Frederick, and Henry Alsop Riley. The form and function of the central nervous system; an introduction to the study of nervous diseases. Rev. by T. H. Weisenburg. 624.

Treadway, Walter L. The place of mental hygiene in the schools. 171.

Varendonck, J. The psychology of day-dreams. Rev. by M. A. Meyer. 845.

Wallin, J. E. Wallace. The measurement of mental traits in normal and epileptic school children. Rev. by E. K. Wickman. 837.

Watts, Frank. An introduction to the psychological problems of industry. Rev. by S. M. Shellow. 610.

Wholey, C. C. The mental and nervous side of addiction to narcotic drugs. 1036.

Wiggam, Albert Edward. The new decalogue of science. Rev. by Abraham Myerson. 598.

Wilson, Ruth Danenhower. Giving your child the best chance. Rev. by Phyllis Blanchard. 1066.

Winslow, C.-E. A. The evolution and significance of the modern public health campaign. Rev. by D. B. Armstrong. 1073.

Wynne, Fred E. Ductless and other glands; a popular account of their nature and functions. Rev. by E. R. Spaulding. 841.

Yellowlees, H. Manual of psychotherapy. Rev. by H. H. Levin. 1076.

Young, Kimball. Mental differences in certain immigrant groups. Rev. by T. H. Haines. 1071.

INDEX TO SUPPLEMENT

(Continued from cover two)

The Action of Alcohol on Man, by Ernest H. Starling .... *Horatio M. Pollock* 391
Social Work in Hospitals; A Contribution to Progressive Medicine, by Ida M. Cannon .... *Antoinette M. Cannon* 393
The Charity Organization Movement in the United States: A Study in American Philanthropy, by Frank Dekker Watson .... *Elsa Butler Grove* 394
Your Hidden Powers, by James Oppenheim .... *Loren B. T. Johnson* 399
Physiotherapy Technic; A Manual of Applied Physics, by C. M. Sampson .... *James V. May* 401
Health and the Human Spirit; A Biological Study, by K. W. Monsarrat .... *Donald Gregg* 402
The New Education in Europe, by Frederick William Roman .... *V. T. Thayer* 402
American Nerves and the Secret of Suggestion, by Anne Sturges Duryea .... *George K. Pratt* 403
Sex Worship and Symbolism, by Sanger Brown, II .... *Clarence O. Cheney* 406
The Immigrant's Day in Court, by Kate Holladay Claghorn .... *Jerome Davis* 409
Stuttering, Lisping, and Correction of the Speech of the Deaf, by E. W. Scripture .... *Smiley Blanton* 411
Hypnotism and Suggestion, by Louis Satow .... *Harry N. Kerns* 414
Social Psychology, by Robert H. Gault .... *Ernest R. Groves* 415
Remembering and Forgetting, by T. H. Pear .... *Sadie Myers Shellow* 416
Diagnosis and Treatment of Young School Failures, by Helen Thompson Woolley and Elizabeth Ferris .... *Phyllis Blanchard* 418
The Mechanism of Life in Relation to Modern Physical Theory, by James Johnstone .... *Karl M. Bowman* 419
Character and the Unconscious: A Critical Exposition of the Psychology of Freud and of Jung, by J. H. Van der Hoop .... *Archibald S. Dean* 420
Mind in Action; A Study of Human Interests, by George H. Green .... *Arthur G. Lane* 421
The Psychology of Misconduct, Vice, and Crime, by Bernard Hollander .... *Karl A. Menninger* 423
Measuring Minds; An Examiner's Manual to Accompany the Myers Mental Measure, by Caroline E. Myers and Garry C. Myers .... *Kenneth M. Gould* 424